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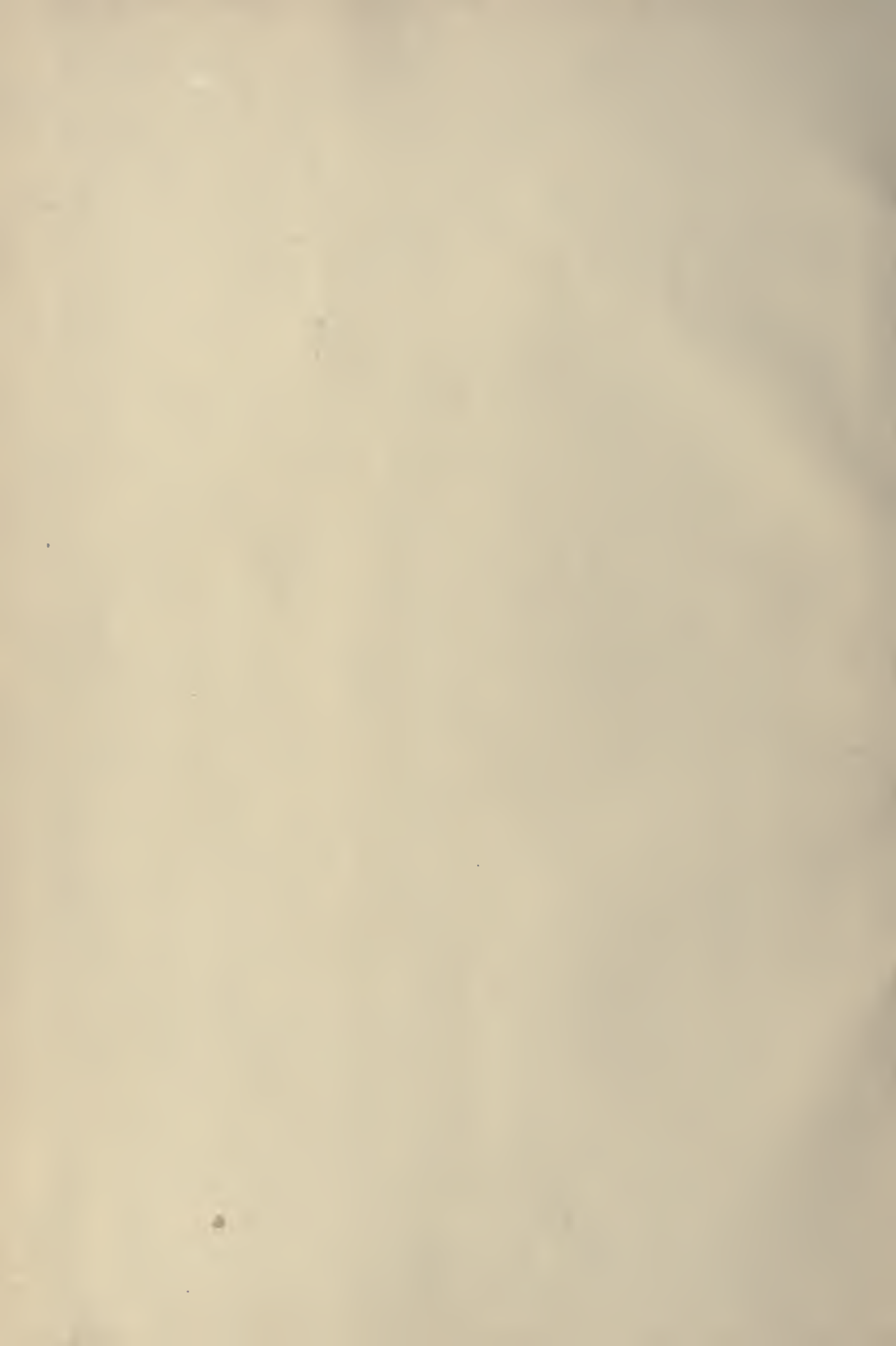
UNIVERSITY OF  
TORONTO PRESS











THE

111  
CANADIAN PRACTITIONER,

(Formerly "The Canadian Journal of Medical Science.")

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. ENGLAND; J. E. GRAHAM, M.D., L.R.C.P. LONDON;

W. H. B. AIKINS, M.D., L.R.C.P. LONDON.

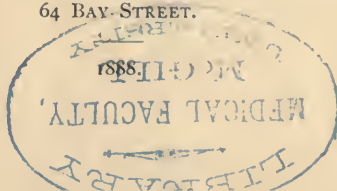
VOLUME XIII.

*November*  
JANUARY, 1888, TO DECEMBER, 1888.

TORONTO:

J. E. BRYANT & CO., PUBLISHERS,

64 BAY-STREET.



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## CONTRIBUTORS TO VOL. XIII.

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DR. N. AGNEW, WINNIPEG.  
DR. ACHESON, TORONTO.  
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DR. J. A. WYETH, NEW YORK.

# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

Ä. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, JANUARY, 1888.

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### Original Communications.

#### POISONING BY HYOSCYAMIN.

BY A. J. JOHNSON, M.D., TORONTO.

(Read before the Toronto Medical Society.)

The frequency of cases of partial poisoning by hyoscyamin is a sufficient excuse for my proposing to give you the details of a case of this kind which recently occurred in my practice. I am the more urged to do this, as I hear that other medical men in this city have suffered very much as I did. My patient did not die, though his symptoms were for a time so alarming that his life was despaired of.

The case is shortly this: On September 8th, 1887, I was consulted by a gentleman from a neighboring town, who was suffering with symptoms of gastric trouble, probably beginning ulcer. After carefully explaining the nature of the trouble, and advising him as to his diet, etc., I prescribed a powder containing five grains of carbonate of bismuth and one-twelfth of a grain of hyoscyamin—a powder which I have ordered scores of times before in similar cases. The powder was made up by one of the oldest and most reliable firms of druggists in this city. The hyoscyamin used was made by Merc, and was quite fresh, as it was the first used out of a certain bottle.

The effect of the first and only powder taken by my patient will be perhaps best described in his own words, as he has very kindly forwarded me an account of his symptoms. He says:—

"1. I took the powder about half-past five o'clock on the evening of the 9th of September last, and immediately after sat down to my tea.

"2. I had scarcely eaten half a dozen mouthfuls before I felt a very strange feeling come over me. The said feeling was, I did not care to hold up my head, and felt like letting it drop in the plate before me. This feeling seemed to pass upwards, out of the top of my head, and went away.

"3. This feeling returned in a few seconds with increased force. I then mentioned to my wife that there was something the matter with me, and that I had better go down stairs, and probably this feeling would pass away.

"4. As I got up from the chair at the table I felt like flying up to the ceiling of the room, and, as I stepped forward, staggered against the doorway, and, as I straightened myself up again, fell against the other side of the doorway.

"5. I then laid down on a sofa for about one minute, and in getting up fell . . . and then laid down again for about one minute longer.

"6. As I got up again a second strange feeling passed over me, like a creeping or crawling sensation, which started at the ends of my toes and ends of my fingers, and went over my entire body, and passed out of my head and was gone. I then said to my wife, 'I am poisoned; get a doctor at once.'

"7. A messenger was sent after a doctor, and in the meantime I took a very large tumblerful of mustard and warm water, and to my surprise it refused to act. I then repeated the same of salt and warm water, which seemed to have no



effect, but in about a minute it made me vomit a very small quantity I thought about what I had eaten for my tea.

"8. Immediately after, my eyes appeared to get very large (although my wife says they were so from the start). I did not notice them so. I could not see well; everything appeared to run into one; did not know where the tables or chairs were placed in the room. I had a terrible strain at the back of my eyes, which appeared to be pushing them out of my head, and my head at the same time appeared to be getting correspondingly large, and appeared to have a rim out round my head eight or nine inches.

"9. My throat appeared to get very small and my tongue enormously large, and at times you would scarcely understand what I was saying, although I had to take off my collar and unbutton my shirt-band.

"10. By this time Dr. J. S. W. Williams (of Oakville) had arrived, which was about 10 or 15 minutes after I had taken the powder. He immediately gave me sulphate of zinc, with about one quart of warm water, and kept repeating it for about one hour. I then laid down on my bed, and in a few minutes knew no more until about five o'clock on the following Sunday morning." (That was 36 hours after the powder had been taken).

When I saw my patient it was as nearly as possible 24 hours after the powder had been taken. At that time it struck me that he had the symptoms of one poisoned with atropine, and this opinion was also held by the doctors who were in attendance. He was lying in a semi-comatose condition, complaining in an incoherent manner of thirst, and became very excited when roused. His pupils were widely dilated, and there was great confusion of thought. The pulse was small, thready, and not by any means definite. As the symptoms seemed to be improving, there was no necessity to suggest any treatment, and in the course of a few days my patient was again as well as ever. When, on my return to town, I saw the bottle from which the hyoscyamin had been taken that these powders contained, and found it to be marked "Hyoscyamin"—"Merc." When further I had had some of the powders analyzed by a public analyst, and had his certificate to the effect that

no powder contained more than one-twelfth of a grain of hyoscyamin and no other alkaloid, the question at once presented itself, "Why had this man such peculiar symptoms after taking the same dose that hundreds of others had taken most beneficially? For, as I have before said, I have for years been in the habit of giving hyoscyamin in doses of one-twelfth to one-quarter of a grain every hour for the purpose of allaying the pain of gastralgia, and with the best possible result. I first saw it prescribed many years ago by Dr. Winstanley, and seeing the effect in that case, have ever since used it. The reason that unlooked for symptoms have resulted after the administration of hyoscyamin, exists chiefly in the fact that instead of there being only one hyoscyamin, and that a drug of definite strength, we unfortunately at present have two—probably three preparations, all passing under the same name, but differing tremendously in their strength. Every manufacturer of drugs makes a hyoscyamin differing from all others, especially in its strength. But they all call it simply hyoscyamin, whether it is a pure alkaloid, or a resinous material obtained from a solution of the crude drug in spirit by precipitation by water.

Hence we have hyoscyamin recommended by some writers in doses of  $\frac{1}{120}$  of a grain, and yet I find that Keith & Co., of New York, under exactly the same heading, give the dose of their preparation as  $\frac{1}{8}$  to one grain.

McKessin & Robins, however, make a granule of the *alkaloid* in  $\frac{1}{120}$  and  $\frac{1}{60}$  of a grain, and also a granule of the *resinoid* in  $\frac{1}{4}$  grain doses.

Turning now to the various authorities on drugs, I find the most complete and useful epitome of the preparation, uses, literature, etc., of and relating to hyoscyamin, to be that given by Martindale and Westcott, of London, and cannot too highly recommend their little book to every member of this Association. They say, "The pure alkaloid (hyoscyamin) is in snow-white masses of minute crystals, without odor, soluble, 1 in 120 of water, freely soluble in spirit, and is alkaline to test papers, but in this respect with less than half the neutralizing power of atropine." According to Ladenburg, hyoscyamin is identical with "light atropine," and "light daturine," as well as duboisine. As a mydriatic it acts like atropine, but with greater intensity,

while the duration of effect is about equal. The dose of this alkaloid is  $\frac{1}{120}$  to  $\frac{1}{40}$  of a grain, increased to  $\frac{1}{16}$  or  $\frac{1}{8}$ . There is also uncrystallized hyoscyamin, a dark brown, extract-like preparation, with a strong, disagreeable odor. This is given in doses of  $\frac{1}{16}$  to  $\frac{1}{8}$  of a grain. We have also the American preparation of sulphate of hyoscyamin, and the sulphate of amorphous hyoscyamin. Both of these are white powders, the former in crystals, the latter a deliquescent powder. The hyoscyamin used for hypodermic injection is the sulphate.

In commerce a kind of atropine is sometimes met with, obtained from belladonna, which consists, according to Ladenburg, principally of pure hyoscyamin. This writer's researches prove that the three mydriatic, pure alkaloids—atropine, hyoscyamin, and hyoscyne—are contained in plants as follows: *Atropine* occurs in atropa belladonna and in datura stramonium. *Hyoscyamin* occurs in atropa belladonna, in datura stramonium, in hyoscyamus niger, in duboisia myoporoides. *Hyoscyne* occurs only in hyoscyamus niger.

Hyoscyamin has chiefly been used for the relief of neuralgic pains—has cured mercurial tremor, senile trembling, and paralysis agitans. Has been used also in mania with very good effect in large doses. The number of cases reported in which this drug has been used is not very great, but sufficient to enable me to mention a few, from which we may judge of its utility.

In THE PRACTITIONER I find a case of mania controlled by one grain doses of the amorphous hyoscyamin. Another case in which *one grain of the crystallized alkaloid* was given at a dose, and only had the effect of producing sleep. Also cases of puerperal mania and delirium tremens, in which  $\frac{1}{30}$  of a grain of the crystallized alkaloid were used. In the *Lancet* of 1876, I find a case in which the resemblance to atropine in action is mentioned.

The points, then, gentlemen, in this paper to which I would particularly draw your attention may be summarized as follows:—

1. That poisoning by hyoscyamin resembles, and may be easily mistaken for, poisoning by atropine.

2. That hyoscyamin is identical with "light atropine," "light daturine," and "duboisine."

3. That there are various preparations known as "hyoscyamin."

4. That these preparations differ exceedingly in their strength.

5. That there is a pure alkaloid hyoscyamin which should not be given, at first, in more than  $\frac{1}{100}$  of a grain doses, and—

6. That there is a resinoid hyoscyamin, commonly dispensed as "hyoscyamin," which may be given in doses of  $\frac{1}{4}$  to one grain.

7. That it is advisable for the safety of our patients, when prescribing hyoscyamin, to name the manufacturer whose drug we wished used.

## THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

### HISTORY AND LITERATURE.\*

In 1884 Dr. G. Apostoli presented a communication to the Academy of Medicine of Paris, on "The Treatment of Fibrous Tumors of the Uterus by electrolysis," which may be summarized as follows:—

The galvanic current is applied to the uterus without interruption. The application is made intra-uterine by means of a platinum sound, and the whole mucous surface is acted upon. Where this is impossible, a preliminary puncture is made, and the fibroid is attacked by the negative pole through this artificial channel. On the con-

\* LITERATURE.—*Du Traitement Electrique des Tumeurs Fibreuses de l'Uterus* (d'après la Méthode du Dr. Apostoli). Par le Docteur LUCIEN CARLET. Paris: Octave Doin. 1884.

*Sur un Nouveau Traitement de la Métrite chronique, et en particulier de l'Endométrite, par la Galvano-caustique Chimique Intra-Utérine*. Par le Docteur G. APOSTOLI. Paris: Octave Doin. 1887.

*Treatment of Fibroid Tumors of the Uterus by Electrolysis, with a Description of Apostoli's Method*. By FRANKLIN H. MARTIN, M.D., Etc., Etc. (*Jour. Med. Association*, April, 1887.)

*A Modification of Apostoli's Method*. By F. H. MARTIN, M.D. (*N. Y. Medical Record*, Dec. 17, 1887.)

*The Use of Electricity in Gynecological Practice*,



trary, when there is hemorrhage or leucorrhœa, the positive pole is used. Very strong currents are used, say from 50 to 300 milliampères, and the current continued from 5 to 8 minutes. The applications are made about twice a week, and may be made even during active hemorrhage. A very large abdominal electrode is used, which disperses the current and renders very strong currents possible and even painless.\*

The Apostoli treatment was taken up promptly in the United States by Dr. F. H. Martin, of Chicago, and by Dr. G. J. Engelmann, of St. Louis. The former read a paper on the subject before the American Medical Association in May, 1886, and the latter read a paper before the American Gynecological Society in September, 1886. In England attention was first directed to the subject by Dr. Woodham Webb, now residing in Paris. In the autumn of 1886, at the request of Sir Spencer Wells, Dr. Woodham Webb made the acquaintance of Dr. Apostoli, and after six months' regular attendance at his *clinique*, commenced a series of letters in the *British Medical Journal*, in which he fully described the Apostoli method and the results that have been attained. In his first communication—May 7th, 1887—he concludes his letter as follows:—

"The upshot of all this is that I am perfectly satisfied much good has been done; many women have been gradually, and without suffering,

by GEORGE J. ENGELMANN, M.D., and *Electrolysis in Gynecological Surgery*, by WM. H. BAKER, M.D. (*Transactions of the American Gynecological Society*, Vol. 2, 1886.)

*Electricity in Gynecology*. By A. D. ROCKWELL, M.D. (*A System of Gynecology, by American Authors*.)

Also correspondence in *British Medical Journal* from Woodham Webb, W. S. Playfair, George Elder, R. A. Gibbons, Julius Aulthaus, Lawson Tait, Skene Keith, Jas. H. Aveling, Milne Murray, Dr. Steavenson and others.

\*The electrolysis of uterine fibroids seems to have been suggested almost simultaneously (in 1867) by Dr. Julius Althaus, of London, and Dr. Robert Newman, of New York. In 1878, Dr. Cutter, of Boston, reports fifty cases operated upon by his own method, with the following result: Cured, 11; arrested, 25; relieved, 3; no change, 7; fatal, 4. His method differs from that of Apostoli in that the tumour was punctured with electrolytic needles through the abdominal walls.

set up in health, who would, under ordinary circumstances, have been condemned to the risks of some cutting operation. The evidence that, by the treatment of Dr. Apostoli, all the symptoms caused by these tumors can be relieved; that the tumors can be reduced in size; that patients can be made to regain their usual health, powers, and enjoyment of life, is clear, indisputable, and convincing.

"Seeing what I have seen, and knowing what I know of the galvano-caustic treatment of uterine fibroids and hypertrophies, I should deem myself wanting in philosophic self-denial and Christian charity if, finding myself face to face with a woman suffering from such disease, I were to menace her with an operation of excision, either of her tumor or appendages. There is an alternative to propose, which is not, like myomotomy, capped with a chance of two to one against success (latest table compiled in Paris, 1886), and which is not mutilating or sterilising like oöphorectomy. Even if the tumor be not eradicated, a woman enduring symptoms calling for operative interference would think herself happy, after a little patience, and no more pain than is the accompaniment of her disease, to find that she had changed for the same condition of ease and freedom she might have with a pregnancy of a few months."

With a view of giving an idea of the actual work done at Dr. Apostoli's *clinique*, I will here insert a letter to the *British Medical Journal*, June 11th, from Geo. Elder, M.D., surgeon to Samaritan Hospital for Women, Nottingham:

"For some time past my attention has been directed to the treatment more especially of uterine myoma by electrolysis, and most of the literature on this subject is known to me; but the manner of its use seemed not only so imperfect and uncertain, and also dangerous, that I hesitated to adopt the practice until the reading of a recent pamphlet on the treatment of endometritis by the galvano-caustic, as perfected by Apostoli, threw a new and more hopeful light upon the subject.

"Dr. Webb's letter in your issue of May 7th stimulated my curiosity still further, and accordingly I went to Paris, and attended Dr. Apostoli's *clinique* on two days, and will very briefly state what I saw:

"1. Case of a woman, aged 41 years, who

had been under treatment for a rapidly-growing soft myoma, which condensed and diminished in size after four galvano-positive applications. The floodings and pelvic pains had also ceased, and now the patient is under treatment for a form of heart disease.

"2. First visit of a woman with a myoma, who had had metrorrhagia continuously for four months. The uterine cavity measured four inches. Galvano-positive cauterisation was applied for five minutes, and two days afterward she stated that the hemorrhage had ceased the same evening.

"3. A patient who had been under treatment for some time with an interstitial myoma in the posterior wall with the usual symptoms, and which had diminished quite two-thirds. Several galvano-punctures into the growth from the vagina had been made, and whereas, prior to beginning the treatment, she had been unable to work, and, as she expressed herself, only existed; now, and even the day after a puncture, she follows her occupation of a washerwoman, and lives.

"4. A case of myoma reaching up to the umbilicus in a woman aged 31 years, and who has had since November, 1886, nine galvano-negative punctures. The last had caused some degree of suppuration and feverishness, but not sufficient to lay the patient up. The growth is diminishing, and the local discomforts ceasing, whilst *pari passu* there has been improved general health.

"5. An instance of endometritis with metrorrhagia of two months' duration, under treatment since May 12th. The first galvano-positive cauterisation had relieved her, and now, after the third *seance*, there remains only a slight brownish staining of the discharge.

"6. A case which originally had been under treatment for right parametritis, and which galvano-negative puncturing had cured. Now she comes complaining of what seems to be an enlarged and cystic ovary, but as it is not the seat of much discomfort, nothing is done.

"7. A case of perimetritic exudation, which had been punctured thrice, with the result of resolving most of the thickening, but as there is still a considerable amount of pain, faradisation is now being used for its relief successfully.

"8. A patient who had been under treatment four years ago with a myoma accompanied by much hemorrhage. The tumor had, under treatment, all but disappeared, and the menstrual flow is now normal.

"9. Examined a case where there had been general parametritis fixing uterus. Eight galvano-negative punctures had effected resolution of this mass.

"The only case in which anæsthesia was used, was that of a woman aged 51 years, suffering from a large myoma. A galvano-negative puncture was made into the growth, and a current with the intensity of 220 milliampères used for five minutes.

"11. A new case of a young woman with a soft rapidly-growing interstitial myoma, brought by her medical attendant. A galvano-negative puncture was made, and an intensity of 100 milliampères used for five minutes, which is the average duration.

"12. An instance of a bleeding myoma in a woman aged 49 years, who before coming to the *clinique* had had the usual treatment by drugs for eighteen months without effect, and been unable to work; has had six punctures. Hemorrhage began to abate after the first. Now the flow is regular, lasting only two days, and she is able to work as a washerwoman.

"13. A case of right ovaralgia, who had been under other treatment for fourteen months without benefit, is being cured by faradisation.

"14. A case of metritis with constant bloody discharges for two months after an abortion, when three galvano-positive cauterisations had stopped hemorrhage, and now she comes from time to time to verify condition.

"The above, although not including all the cases Dr. Apostoli showed me, gives an accurate idea of the kind of cases under treatment and benefitting by its application. What impressed me most favorably was the extreme care taken to record faithfully the histories and nature of the cases, with the subsequent results of the treatment upon them, and in all of the patients an opportunity was given of verifying the diagnosis. With the exception of the instance above noted, no anæsthetic was used; in fact, nothing but a very transient discomfort seemed to be felt by the patients, even when a puncture was made;



and the majority of them, after waiting a few minutes, dressed and left the dispensary, evidently unaffected by the application.

"Dr. Apostoli stated that in no case had any serious consequences followed the method—a result, I think, to be attributed partly to his attention to thorough antisepsis, and also to his making the tolerance of the patient the measure of the strength of the application. To my mind this treatment opens up a hitherto neglected and very hopeful era in the therapeutics of uterine diseases, which is now only beginning to receive a full measure of recognition by gynecologists. Dr. Apostoli has had a considerable number of American visitors, some of whom, since their return to their own country, have carried out the treatment with gratifying success; and during my own visit Mr. Skene Keith and Dr. Philip, of Edinburgh, shared with me in the valuable lessons the cases taught.

"My thanks are due, first, to Dr. Apostoli for the courtesy which he showed me; and, secondly, to Dr. Webb, through whom my visit to Paris was made."

Dr. W. S. Playfair also visited the *clinique* of Dr. Apostoli in May last, and reports as follows: "Of this method of treatment I saw quite enough to convince me that it was one of great power, and capable, in skilled hands, of producing very striking results. I was specially impressed with certain cases I examined of bleeding fibroids. In more than one of these the patients assured me that they had been completely prostrated with continuous hemorrhages, which had deprived them of all power of following their usual avocations, and which had lasted for long periods, and that after not more than four or five applications of positive electro-cauterisation of the uterine cavity, the hemorrhages had entirely ceased, and that they were now able to work as if in perfect health, and with not more than the usual monthly loss. In some of these I am quite confident that in this country laparotomy, or the removal of the uterine appendages, would have been performed; and in more than one of them I felt sure that, under the existing conditions, I should myself have advised the latter operation as the only possible means of cure. I also investigated several cases of chronic peri-metritic inflamma-

tion with intense pelvic pains of many years' duration, in which I am equally sure the removal of the uterine appendages would, amongst us, have been either considered or practised. If, therefore, a means exists in which, even in a few cases, a cure can be effected without a mutilating operation, which, even when sanctioning or performing it with a conviction of its necessity, must always be a source of deep regret, then surely a great advance is being made, and I trust the subject will receive careful study."

In July Dr. Woodham Webb writes as follows :

"Finally, and as the result of eight months' incessant observation, and of my own experience in the treatment of cases in conjunction with Dr. Apostoli, I can unhesitatingly assure those who are interested in the question, operators or operatees, that the conclusions at which I arrived at an early period of my investigations as to the value of the therapeutic influence of electricity in cases of uterine fibroids, used after the manner I have described, with a view to introduce it to the notice of English surgeons, are more than confirmed by my longer acquaintance with the subject. It is also worth mentioning that they have met with the assent of all, including such authorities as Sir Spencer Wells, Keith, and Dr. Playfair, who have been induced by what I have written to visit the *clinique*, and examine the evidence for themselves. Some, indeed, have at once resolved to adopt the practice, and others, who are not disposed to undertake a task which requires so much quiet perseverance and familiarity with technical details, have confided their patients to our care. These cases I shall hereafter publish, when time has proved that the benefits received are as permanent as those recorded of his own patients by Dr. Apostoli."

#### OPERATIVE PROCEDURE.

The Apostoli treatment has also been fully endorsed by T. A. Reamy, W. H. Baker, R. S. Sutton, J. B. Hunter, and M. D. Mann, of the United States; Semcleder, of Mexico; Gardner and Laphorn Smith, of Montreal; as well as by Engelmann, of St. Louis, and Martin, of Chicago, already referred to.

(To be continued.)



## COMPLETE ADHESION OF THE SOFT PALATE TO THE POSTERIOR PHARYNGEAL WALL, WITH CONSEQUENT PARTITION OF THE POST NASAL CAVITY FROM THE MOUTH.

BY J. H. DUNCAN, M.D., CHATHAM.

"F. C., presented himself for examination on the 12th of April, to Dr. G. A. Tye, by whose kindness he was at once transferred to my care. The following are the notes of the case then taken:—

F. C. a young man of generally healthy appearance, age twenty-one years; occupation, a mill hand; married, has one healthy child. Previous health good, with the exception that three years ago extensive ulceration of the pharynx took place. This, after long treatment, healed; but resulted in the gradual and finally complete closure of the opening between the post nasal chamber and the mouth.

*Present Condition.*—The patient is well nourished and stoutly built. Suffers from frontal headache; the sense of smell almost absent; hearing slightly impaired; articulation thick and lacking in tone; an offensive mucous discharge from the nose occurs when the head is thrown forward, otherwise the discharge accumulates in the nostrils causing great annoyance. Examination by the mouth reveals complete adhesion of the velum palate to the posterior and lateral walls of the pharynx. The upper part of the uvula is lost in the adhesions, the point projecting like a bud from the back of the throat. Careful search with a small probe shews the utter absence of opening between the posterior nares and the mouth. Examination through the nostrils with a long slightly curved probe, reveals dense hard masses and bands of tissue against the posterior pharyngeal wall and along the floor of the chamber.

Only at one point, slightly to the left of the median line, and a few lines back of the edge of the hard palate, can the least impression be made by pressure with the probe from above, so as to reveal its presence by the mouth.

After careful consideration, operation was decided on. The nasal cavity was first washed out, and cocaine solution applied to the palate above and below. The laryngeal probe was

passed along the left nostril, the soft region found, the probe carried back here as far back as indentation could be made, firm pressure applied, and the palate incised on the probe point, allowing it to escape into the mouth. A long, sharp-pointed, curved bistoury was used for cutting; lateral extension of this opening was made partly with the bistoury, partly with a pair of long, sharp-pointed, curved uterine scissors. The incision was now about half an inch in length, and, though the tissues were very rigid and dense, admitted of some dilatation. After washing the parts freely from above and below, and proving that respiration could take place through both nostrils, I passed a thread through the opening by means of a long curved needle, mounted on a handle such as is used in abdominal surgery. To the thread a piece of rubber tubing was attached, and by this a piece of wire, bent so as to form a loop above and two divergent forward curving ends below, was carried into the opening, and fixed by tying the slightly-stretched tubing to a small roll of lint in front of the nostril. The objects aimed at by the use of this hook was to draw the edges of the incision as far as possible apart, and, by its frequent movement, to prevent union; this was worn for about a week. Regarding syphilis, though denied, as the most likely cause of the original ulceration, I kept the patient on iodide of potash during the time of healing; and kept the parts thoroughly cleansed from above and below by the use of "Dobell's Solution." In spite of occasional dilatation, a strong tendency to contract was naturally manifested by the artificial opening. I therefore had the blades of a pair of blunt-pointed scissors bent at a right angle, their points slightly curved forward to avoid the roof of the pharynx, and their outer edges converted into cutting blades. After again using cocaine, I introduced these, first carefully examining by probe to test the probable range of their safe use, and by firmly opening them at once, made my incision over an inch long. This opening has been kept from reuniting by using the scissors, their blades lightly wrapped with batting, as dilators, and occasionally severing the commencing adhesions at the angles of the wound with the naked instrument.

On examining the patient early in November,

I found the edges of the opening smoothly healed, respiration through the nose easy during the day, though said to be often impeded by accumulated mucus during sleep; this can, however, be readily removed by blowing, especially after the use of an atomizer. The sense of smell has in great measure returned; hearing is perfect; articulation clear and good, though very slightly nasal when the opening is very free of mucus. The patient enjoys comfort, which has not yet ceased to be a matter of pleasant surprise to him.

I report this case simply because it is a rare one, and only slightly touched on in most works on surgery; because the methods and means used for its relief are attainable by every practitioner, and because the result justifies an operation, which is generally regarded with doubt, and by many with absolute disapprobation.

For further information on the subject, I would refer the reader to an interesting article by Dr. George B. Hope in the *Quarterly Bulletin* of the Clinical Society of the New York Post-Graduate Medical School and Hospital. Vol. II. No. 1.

#### CASE OF FIBROID TUMOR OF UTERUS TREATED WITH ELECTRICITY, APOSTOLI'S METHOD.

BY A. LAPHORN SMITH, B.A., M.D., M.R.C.S. ENGLAND, F.O.S. LONDON,

Lecturer on Gynecology in Bishop's University, Montreal.

**CASE.**—Miss N. W., housemaid, colored, single, aged 40, was sent to me by Dr. Reddy, on the 13th August, 1887.

**Family history.**—Good, but of no especial interest.

**Previous history.**—Menstruation commenced at the age of fifteen, and was always painful. Six years ago her belly began to be sore, and walking and other exertion caused severe pain in hypogastric region. Five years ago she had typhoid fever, for which she was attended by Dr. Shepherd, at the General Hospital. One year ago she noticed a lump coming in her belly just above the pubis, and at the same time her abdomen became so tender that she could not bear the weight of her clothes, which she had to let out, as they became too small for her ever-increasing size. She suffered more and more,

until she was hardly able to walk, and could not go up and down stairs. She was unable to pass water oftener than every two days, and the evacuation of her bowels occurred seldom and was very painful. The os uteri began to project beyond the vulva about an inch or more. At the same time her general health became much impaired; she lost her appetite and became thin and haggard. Her condition became so alarming that Dr. Reddy, Professor of Midwifery, was called in, who diagnosed a fibroid tumor, completely filling up the pelvis and pressing on the urethra and rectum. He took her to the Woman's Hospital, where, at a consultation of several of the staff, his diagnosis was concurred in, and where it was unanimously agreed that total extirpation was the only operation, and that that was too dangerous to be thought of in this case, owing to the fixedness of the tumor in the pelvis.

About the 13th of August Dr. Reddy learned that I was prepared to carry out Apostoli's method, and sent her to me.

**Present Condition.**—Cervix long and conical, projecting about an inch and a half from vulva, and it cannot be pushed up. The finger can be introduced with difficulty by the side or under it; but it is prevented from going more than an inch or two in any direction by coming in contact with a large round hard mass, which closely fits the wall of the pelvis, just as the fetal head does during labor. It is either adherent or jammed into the pelvis, for it is immovable. Bimanual palpation reveals this mass half way up between the pelvis and umbilicus. The abdominal wall is very thin and tense. There is a profuse discharge from the vagina and cervix, which latter has a hard and woody feel. Sound enters  $5\frac{1}{2}$  inches with difficulty, as the internal os is constricted, but it does not require to be curved, as the canal is perfectly straight. She says that she has not had a whole night's sleep since a year, and menstruation is very painful, and lasts eight days.

**Treatment.**—In order to test Apostoli's method thoroughly, I determined to employ no other remedy than electricity throughout. As my galvanic battery was not quite ready, I contented myself with examining her and giving her several sedative applications of the faradic current



of tension in the vagina with a long fine wire. This was not well borne, bringing on the menstruation, without diminishing its severity, two weeks too soon. On the 25th August I had the honor of a visit of two days from Apostoli, and I availed myself of his presence to have his opinion on this and several other cases of hyperplasia uteri. He thought her especially suitable for his treatment, and prophesied a cure.

On the 13th September, my apparatus being complete, I placed her in dorsal position, carefully washed my hands and scrubbed my nails with  $\frac{1}{5000}$  sublimate solution, and washed the cervix and vulva with the same. The warmed cake of clay was placed on the abdomen and connected with the battery; the platinum sound was disinfected by being plunged in pure carbolic acid, connected with the positive pole, and introduced to the fundus, the vaginal portion being protected with a glass insulator. The current was then gradually turned on, and all went well up to five cells, and the galvanometer showing  $50^\circ$  (milliampères), when the patient felt a sudden shock and gave a scream, and the needle returned to zero. I afterwards discovered that my servant having broken No. 5 cell, had replaced it with a spare glass and then filled it with water, not knowing muriate of ammonia was necessary. In the meantime I threw these five cells out of the circuit and introduced Nos. 6 to 11, by which I obtained a smooth positive current of 50 milliampères for five minutes, the patient only experiencing a burning feeling in the abdomen.

15th Sept. States that she slept the whole night through after the application for the first time since a year, passing water freely and frequently in the normal position, and her bowels have been opened every day without pain. She had severe colic at the pit of her stomach, which lasted two hours after the first application, which made her feel weak and sick. Gave her the second positive galvanization. Being courageous, and anxious to get well, she told me she could bear more, so I raised the current to 100 milliampères. She complained of burning in the abdomen again, and I was about to lower the current, when the patient removed her hands from the clay for a moment, and the needle fell to fifty. It gave her a shock which broke the

brass conducting pole where it was badly soldered to the zinc of the clay electrode. The needle fell to zero, and the patient received another shock. She felt very faint—almost collapsed—but declined any brandy. The colics, afterwards, were also severe, and she had to lie on the sofa for a quarter of an hour. These were the only two accidents I had with this patient, and I mention them merely to show how particular one must be in attending to all Apostoli's directions. If I had tried my apparatus immediately before using it, as he directs, instead of the day before, as I did, these little accidents would not have happened. However, the patient was so delighted with the result, all pain being removed, that she was nothing daunted, and returned on the

18th Sept. when I gave her the third application, 100 milliampères (positive) current for eight minutes. There was no discomfort this time, except a slight feeling of faintness for a few minutes.

21st Sept. Says she has been absolutely free from pain ever since the second application. The appetite is good, and she is able, not only to do her own work, as housemaid, but also that of the cook, who was taken sick and went to the hospital. Gave her 4th + galvanization 100° for eight minutes. She hardly felt any burning during the application, and not only does not feel weak, but actually feels well after it.

25th Sept. 5th + 125, seven minutes. Felt faint, and had to lie down for ten minutes after it.

28th Sept. 6th + 100, five minutes.

Menstruation came on after this application, four days before the time, and lasted till the 5th of October—seven days. Had no pain with it, but was more profuse than formerly.

9th Oct. 7th + 100 milliampères, five minutes.

12th Oct. 8th + 100 " " "

16th Oct. 9th + 100 " eight "

19th Oct. 10th + 100 " " "

Sound enters  $5\frac{1}{4}$  inches. Her dresses, which were before daily becoming tighter and tighter were now becoming looser. She passes water freely without pain, and her bowels are regular. The tumor is movable in the pelvis although the finger cannot pass between it and the bones.

The os uteri is no longer visible outside of the vulva, but is to be found just inside. The abdominal wall is no longer thin and tense, but is getting thicker and softer. The general condition is very good.

23rd Oct. I shall now give her ten applications of the negative current, which has a more absorbent action, and will diminish the contraction at the internal os.

11th Nov. (negative) galvanization 100 milli-amperes five minutes. Menstruation came on two days before the time, but only lasted five days, and, for the first time in her life, was free from pain.

Nov. 23rd. The patient is now, what Apostoli would call, symptomatically cured, that is to say, that she suffers *no pain*, she is getting fat, she can do a great amount of hard work, being now cook in a large house where there is considerable entertaining; and if I were to tell her that her tumor was completely gone, she would have no symptom to lead her to believe otherwise. If it were necessary, the treatment might now be suspended, for the retrograde action set up in it and at present going on, has been found by experience to continue of itself until the tumor is completely absorbed. In this case, however, I intend to continue the applications until the uterus is completely restored to its normal dimensions in every direction. To-day, 24th Nov., the sound only enters  $3\frac{1}{2}$  inches, instead of  $5\frac{1}{2}$  on the 13th Sept., so that I feel assured that in another month or two the tumor will have completely disappeared. I may add that I have two other cases of fibroid under treatment which are progressing favorably, and the details of which I shall publish in due time; one of them had been taking ergot steadily for several months, in spite of which the tumors continued to grow rapidly, until the pressure symptoms became unbearable. The absolute safety of Apostoli's method and the certainty of relief from all the symptoms, renders its superiority over operative procedures unquestionable, and its discovery one of the greatest advances ever made in gynecology.

Sugar of milk has the property of rapidly dissolving the calcareous deposit between the teeth. It therefore forms a valuable dentifrice.

## HYDROCELE.

BY EDMUND E. KING, M.D., L.R.C.P. LONDON.

An exceedingly large hydrocele having come under my care, and the treatment adopted having given such good results, I thought it, together with two other cases, worthy of publication.

Mr. B., aged 58, colored, has had a hernia for some years. The scrotum was normal in size until a few days after an accident, when it gradually began to swell. It assumed enormous proportions, and at the time of my seeing him presented a double hydrocele with measurements as follows, the right side being larger than the left: From fold of groin to apex,  $10\frac{1}{2}$  inches, right side; from fold of groin to apex, 8 inches, left side; around the scrotum,  $17\frac{1}{2}$  inches; around the right side, 16 inches. It was exceedingly tense and not transparent. I was not sure whether I had a double hæmatocele or double hydrocele to deal with, but, the straw-colored fluid which escaped, through the hypodermic needle that I introduced, made the diagnosis clear.

August 4, 1886, tapped and withdrew 48 oz. from right side, and 12 oz. from left; and injected  $1\frac{1}{2}$  drachms of solution—carbolic acid and glycerine, equal parts; and into left side  $\frac{3}{4}$  drachm of the same; there was little or no pain following injection. I rubbed the scrotum freely, so that the solution should become thoroughly distributed. Next day the urine was highly colored and scant, and had a smell of carbolic, which condition lasted for three or four days. The fluid re-accumulated, and in two weeks was again removed, this time 12 oz. right and 7 oz. left, and same injection repeated. The swelling was considerable, but subsided nicely, and on November 8, 1887, there was no sign of fluid on either side of scrotum; the tunica vaginalis had become obliterated. The inflammation set up had a very beneficial effect on the hernia, which has not been down for the last six months; and the size of the ring is greatly reduced. The first fluid removed contained a large quantity of cholesterin and acid in reaction.

Case 2.—E. S., aged 18, hydrocele right side; 6 ounces removed, and  $\frac{1}{2}$  drachm of same solu-




tion—carbolic acid and glycerine—injected; retapped in two weeks,  $\frac{1}{2}$  drachm again injected; cure perfect in four weeks; the patient was around at his business all the time.

Case 3.—A. B., aged 19. Removed 4 oz., and injected  $\frac{1}{2}$  drachm of carbolic and glycerine solution. There was considerable swelling, which subsided quickly, and the cure was complete in less than three weeks.

The fluid that is found in hydrocele is referred to by many writers as the serum of the blood. This is not correct; it is the liquor sanguinis, and contains one of the elements of coagulation, which can be easily proven by adding a minute quantity of the other element as found in a blood clot, and allowed to stand, when the coagulum will form. Double hydrocele is not common, and the size of the first case is very unusual. The treatment by injection is the most successful. Tr. iodine is the favorite in British hospitals; Sir Joseph Lister uses 1 drachm to  $1\frac{1}{2}$  drachms of Churchill's tr. iodine, and Christopher Heath uses the B. P. tincture. The two greatest objections to this are great pain produced—being most intense in the back, and lasting from 12 to 36 hours—and its unreliability. I have been more than pleased with the equal parts of carbolic acid and C. P. glycerine, for the principal reason of causing no pain after injection, no considerable loss of time, and the good results obtained. Watery solutions of the same strength cause intense pain. The object of all injection treatment is to set up inflammation, but not suppuration. The inflammation must be intense, and so long as the fluids are mycologically pure there is no fear of suppuration. The cure is effected by organization of the exudation and obliteration of the tunica vaginalis. The position of the testicle is not always just where the text books have located it, "at the upper and back part of the scrotum," and the operator must exercise great care to avoid wounding the gland when puncturing for hydrocele.

Dr. William Goodell says: Personally I cannot recall a case in which a woman bore a child after suffering from gonorrhœa. Strumpets rarely become pregnant, for most of them have had this affection.

## Selections.

 We are indebted to DR. NEVITT for the translations from the Italian, and to DR. ZIMMERMAN for the French.

### THE EFFECTS OF MODERATE DRINKING ON THE HUMAN CONSTITUTION.

BY GEORGE HARLEY, M.D., F.R.C.P. LOND., F.R.S.  
(Abstract of a Lecture delivered before the Society for the Study of Inebriety.)

Notwithstanding that the effects of alcohol on the human body are so well known when taken in excess, and the majority of one's patients may be truthfully said to be moderate drinkers, this is, we believe, the first time anyone has ever attempted to tackle the subject of moderate drinking from a medical and scientific point of view. It was lucky therefore it fell into the hands of one who was able, from his intimate acquaintance with experimental physiology, as well as with practical physiological chemistry, to treat the subject of the constitutional effects of small quantities of alcohol upon the human constitution in a more extended way than it could have been done by one less familiar with the collateral problems requiring to be solved even before one can so much as cross the threshold of the inquiry.

He adduced clinical evidence to show that as a toxic agent alcohol acts on the human body as a true paralyser of the whole cerebro-spinal nervous system. Comparing the action of alcohol with that of a true narcotic—taking opium as a type—and showed that it was identical not only as regards its chemical asphyxiant action on the blood, but equally as regards its physiological action upon the nervous system, the first effects alcohol produces, like the primary effects of opium, being the reverse of narcotism—in fact, purely stimulating on both the heart and the brain. The cardiac stimulating effect is rendered apparent by quickened pulse and congested retina; the cerebral by volubility of speech and restlessness of manner. This primary effect is, however, but of brief duration, and the mere preliminary to the manifestation of the alcohol's paralyzing action, which in its turn is ushered in by an appreciable blunting of the perceptive facul-

ties, the senses of feeling, tasting, smelling, hearing and seeing, all gradually becoming obtuse, on account of incipient paralysis of the sensory nerves; while at the same time the speech gets thick and the gait unsteady from a similar partial paralysis of the motor nerves, coupled with a loss of the co-ordinating power of the cerebellum.

At the same time the intellectual faculties are in like manner affected; for the noticeable diminution of mental grasp, associated as it usually is with a tottering of the moral control, equally truthfully points to impending cerebral paralysis—a paralysis which, so far as mere effects are concerned, differs in no wise whatever from cerebral paralysis, the product of disease, the only difference between the two kinds being as regards cause and general result.

The sympathetic nervous system is even not exempt from the paralyzing effects of alcohol, as is shown, firstly, by the flushed and heated face, and, secondly, by the subsequent clammy, cold and pallid cheek.

In thus speaking of the effects of alcohol on the nervous system, he said he did not wish it for a moment to be thought that he was one of those who believe that an alcoholic stimulant, as usually taken into the system, has any direct chemical or physical effect upon nerve tissue, seeing that before it reaches the nervous system through the medium of the circulation, after absorption from the digestive canal, it must be in a far too diluted state (he imagined) to exert any recognisable chemical or physical action on either nerve cell or nerve fibre. He therefore thought it acted through the chemical changes it produced on the blood, which manifested themselves by destroying the power of the red corpuscles to absorb oxygen and exhale carbonic acid, just as opium does, so that its action might be said to be by its arresting the process of oxidation.

Dr. George Harley next showed how by injecting alcohol into the liver by the portal vein all the functions of the organ are deranged. Firstly, it acts by increasing the glucogenic function to such an extent as to cause diabetes; next it arrests the transformation of uric acid into urea; and, lastly, it upsets the biliary function.

That alcohol really acts as a food, he said, is proved by the following facts:—

Firstly, Dr. Hammond and others have found that patients increase more rapidly in bodily weight when taking small quantities of alcohol along with their food, than they do upon the same food minus the alcohol; secondly, all are aware that brewers' draymen and others who indulge freely in malt liquor are usually obese; and, thirdly, the portly frame, big belly and double chin of the *Mâitre d'hôtel* is proverbial.

Although alcohol as alcohol has but little value as a food, wines and beers, he thought, had; for, in addition to their containing the stimulant alcohol, they have the advantage of also possessing food materials in the shape of sugar, albumen, and empyreumatic substances. Consequently less other food is required to be taken when they are employed, either in health or in disease.

This important distinction between the compositions and properties of brandy, gin, whisky and rum on the one hand, and the various kinds of wines and fermented malt liquors on the other, is, he thought, not sufficiently appreciated or taken into account in the administration of stimulants in disease. Oftentimes the mere stimulant alcohol, in the shape of spirits, is given to the weak or ill-nourished patient, when a rich wine or a nourishing malt liquor would be a more appropriate form of beverage for him. Dry wines moreover are, as a rule, more stimulating and less nourishing than others; and many wines that are called dry are not dry at all, but are made to taste so artificially by having plaster of Paris added to them, as is the case with many sherries. In others of them the acetic acid instead of the alcoholic fermentation is set up, as is the case in a large number of the at present manufactured sparkling *très sec* and *brut* champagnes, which, instead of tasting dry, as many suppose, in reality taste sour, and being actually sour, are deleterious to health.

The address, which was listened to with marked attention, ended by Dr. George Harley saying that he was not a teetotaler, though a strong advocate of temperance, and he has no desire to see the custom of drinking wholesome wines abolished; for he considered that when they are consumed in strict moderation they are conducive alike to health and happiness.—*Medical Press and Circular*.



## FÆCAL ANÆMIA OR CHLOROSIS OF GIRLS.

BY SIR ANDREW CLARK.

In a recent paper before the London Medicine Society (*Lancet*) Dr. Clark contended that the anæmia or chlorosis of girls arising in nervous constitutions with imperfectly developed sexual organs is caused for the most part, and in the first instance, by feculent retention and its consequences, and that the right as well as speedily successful treatment lies in the enforcement of a sound hygiene, the administration of ferruginous cathartics, and in the provision after cure for a daily and, as far as possible, a natural relief to the bowels. The treatment he prescribes for the ordinary patients is as follows:—On first waking in the morning, sip a quarter of a pint of cold water. On rising, take a tepid sponge bath; dry quickly, and follow with a brisk towelling. Clothe warmly and loosely; see that there is no constriction of the body or of the limbs. Have four simple, but liberal meals daily, arranged after this fashion: Breakfast, eight to nine—whole-meal bread and butter, with one or two eggs and some broiled fresh fish, or the wing of a cold chicken or pheasant, and towards the close of the meal half a pint of equal parts of milk and tea, not infused longer than five minutes. Lunch or dinner, one to two—fresh, tenderly-dressed meat, bread, potato, well-boiled green vegetable, and any sort of simple farinaceous pudding or of cooked fruit, preferably apple; drink one glass of Burgundy alone or in half a tumblerful of water. Tea from four to five—whole-meal bread and butter, with a cup of equal parts of tea and milk. Dinner or supper, from seven to eight—this should resemble the mid-day meal, but should be less in quantity. Nothing is to be taken after this meal, nothing between meals, and nothing but what is here set down. Walk at least half an hour twice daily, and as much more as strength and convenience will permit. Retire to bed about ten, and repeat the sponging and towelling. See that your bedroom is cool and well ventilated. Lead a simple, regular, active, occupied, purposive life; and do not notice or disturb yourself.

With such instructions, modified according to

individual peculiarities, I prescribe an old-fashioned ferruginous cathartic, to be taken twice a day, about eleven and six. Usually it is an acid mixture, designed somewhat as follows: Ferri sulphatis. gr. xxiv.; magnes. sulph. ʒ vi.; acid. sulph. arom., ʒ i.; tinct. zingiberis, ʒ ii.; infus. gent. co. vel quassiæ, ʒ viii.; Fiat. mist. Sig. One-sixth part twice daily, about eleven and six. Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne. In such cases I prescribe an alkaline cathartic mixture: Ferri sulphat., gr. xxiv.; sodii bicarbonat., ʒ ii.; sodii sulphat., ʒ vi.; tinct. zingiberis, ʒ ii.; spts. chloroform., ʒ i.; inf. quassiæ, ʒ viii. Fiat. mist. Sig. One-sixth part twice daily, between eleven and six. Sometimes neither mixture agrees, and then I prescribe sulphate of iron in pills with meals, and a saline aperient on first waking in the morning.

Upon the plan of treatment here described nine out of ten cases of this anæmia of girls recover their health in from one to three months; and if, when health is quite restored, one prescribes once or twice a week an aloes, myrrh, and iron pill, in doses just sufficient to bring about a moderate natural action of the bowels, the recovery will prove in all probability permanent.

In the discussion which followed, Dr. Burney Yeo said he considered too little stress had been laid on improper feeding as a cause of this condition. He had observed cases in which there were exacerbations of fæcal absorption indicated by rise of temperature, with languor and prostration.

Dr. de Havilland Hall thought that the frequency of chlorosis in young females and its rarity in males of similar age pointed to the generative system as being primarily at fault.

Dr. Theodore Williams admitted that constipation was one cause of anæmia, but it was not an invariable accompaniment of that condition; on the other hand, the French, who were habitually constipated, did not suffer to any great extent from anæmia, and he had met with many cases of constipation in young girls who were otherwise healthy.

Sir Joseph Fayrer said that the form of anæmia he most frequently had to treat was dependent on splenic cachexia. As a purgative he had

found the sulphate of magnesia or soda of the greatest value.

Dr. Hingston Fox had met with similar cases in middle-aged women with "earthy" complexions. In them the cause was obviously faecal accumulation.

Dr. Thorowgood had great faith in a combination of aloes and myrrh with iron.

Dr. Hughlings Jackson mentioned some observations by Bunge and Strümpell. The former pointed out that iron in ordinary food exists in a very complex organic combination—haematogen. Strümpell suggests that inorganic salts of iron are useful in anaemia, by protecting the haematogen from decomposition by sulphides in the alimentary canal.

Sir Andrew Clark, in reply, said that, though the appetite was sometimes capricious, it was often very good. A daily evacuation of the bowels was often unattended with adequate faecal relief. He regarded accumulation of faeces in the rectum as only a local and mechanical evil, but it was the retention of faeces in the colon that gave rise to constitutional symptoms.

#### BACTERIOLOGY AND PRACTICAL MEDICINE.

The following interesting survey of the position of bacteriology with respect to medicine is transcribed from the *Centralbl. für Bacteriologie*. It appears as an abstract, by Dr. Bujwid, of Warsaw, of papers by Dr. Hoyer, in the Polish journal *Gazeta Lekarska*. The author, who was the first to commence working at bacteriology in Warsaw, discusses the changes which medicine has undergone by the study of the parasitic origin of infectious diseases, and arrives at the following results: All researches hitherto undertaken have aimed at learning the excitants of disease; very many of them have been discovered, and many have been profoundly studied, so that the cause of nearly all infectious diseases has been made known; but bacteriology has hitherto confined itself to these limits. Practical medicine in the more limited sense—prophylaxis excepted—has gained very little therefrom, but it may be hoped that the medicine of the future will play quite a different part, in consequence of the deeper knowledge

of the various bacteria and their properties. Many purely empirical drugs will be rejected, and in their stead will be employed those which bear directly upon the morbid agent, or which act by strengthening the resistance of the organism. Unfortunately many questions still remain open. We know, for instance, very little of the way in which bacteria influence the physiological life of the organism. We cannot as yet determine why many micro-organisms which are introduced into the body in enormous quantities with water, air, or food do not give rise to derangements, or in what manner the really harmful organisms disappear from the blood or organs of some animals. Of great importance for the practitioner are the facts that similar groups of diseases can be excited by wholly different micro-organisms. Abscesses are produced, for instance, by the action of staphylococcus aureus and albus, streptococcus pyogenes, micrococcus tetragenus, and others. Erysipelas following wounds depends not only on the streptococcus erysipelatis of Fehleisen, but also on other streptococci and micro-organisms. Pneumonia is not only excited by Friedlander's pneumococcus, but also by other bacteria. Two very similar diseases—cholera asiatica and cholera nostras—arise from two very different kinds of bacteria. There are other facts of still greater importance, such as mixed infections. Rosenbach found many very different bacteria in the same abscess. The same is the case with septic infection of wounds. Similarly, as Wiegandt has observed, a kind of streptococcus is occasionally associated with tubercle bacilli. Dr. Dunin has shown that certain complications of typhus depend on the presence of other bacteria, etc. When all these questions are solved, then our system of diseases will also be changed; we shall then no longer group them according to symptoms, but causes. There still remain many such questions unsolved. We do not know, for example, upon what depend the different results of experiments on animals when we inject small or large quantities of bacteria. Lastly, we also know very little of the reason why individuality plays so large a part in the manifestation of disease. Very interesting but unexplained is a research pursued by Wysskowsch. He found that bacteria which had no



effect on healthy animals excited diseases in other animals whose organism was slightly deranged. Thus injections of staphylococcus excited endocarditis in animals whose heart valves were injured. When all the foregoing and many like problems are solved, then it will become more easy to employ bacteriology in practical medicine, and then we shall learn to estimate rightly the great value of this new study.—*Lancet*.

### MENINGITIS DUE TO THE PNEUMOCOCCUS.

Many theories have been advanced to explain the occurrence of meningitis in pneumonia—*e.g.*, Verneuil regarded it as being due to venous stasis in the brain; Laveran, that it is sympathetic. Lancereaux and Petit regarded it as embolic, remarking on its frequent association with vegetative endocarditis. Experimentally, the latter never gives rise to meningitis. Grisolles thinks it always is associated with suppuration of the lung—*i.e.*, that it is due to re-absorption of pus; but this explanation will not suffice for the majority of cases, in which there is no pulmonary suppuration. The author (Netter) has examined the meningitic exudation, and has found rounded organisms, arranged end to end, having the dimensions and disposition of the streptococcus pyogenus; and he regards pneumonic meningitis as the effect of the action on the brain of the same microbe that produces pneumonia, *viz.*, the pneumococcus. This organism injected experimentally under the dura mater of dogs, etc., has been found by the author and others to set up meningitis. The pneumococcus has been found in the blood during life in cases of pneumonic meningitis; this explains the occurrence of meningitis in pneumonia by metastasis. The mere presence of the pneumococcus in the blood is, apparently, not sufficient to set up a meningitis unless there is some antecedent mischief in the brain—*e.g.*, an old hemorrhage, softening, etc., or the effect of alcohol. Germain Sée draws a great distinction between simple pneumonia and infective pneumonia; as regards their gravity, both forms are due to the same pneumococcus, but differing in the absence (in the simple form) of the pneumococcus in the blood, it being pres-

ent in the infectious form. Sometimes epidemics of pneumonia of an exceptionally severe character occur, in which meningitis, endocarditis, etc., form frequent complications. According to Leichtenstern, pneumonia may assume an asthenic form, either primarily or secondarily. Sometimes it has infective character from its commencement; in other cases it seems that infection becomes possible, and meningitis results in consequence of the debilitated state of the patient from other causes—*e.g.*, starvation, renal disease, etc. In the latter the elimination of the pneumococcus may be interfered with, for, according to the author, in all cases of pneumonia in animals the urine contains pneumococci in an active condition, which may be cultivated, and on inoculation produce infective pneumonia. Pneumonic meningitis may also be produced by direct local infection. In some cases meningitis exists from the commencement of the pneumonia; in these cases it appears that pneumococci may exist in certain regions in the neighborhood of the cranial cavity, into which they may find their way and set up meningitis—*e.g.*, they have been found in the middle and internal ear, the nasal cavities and the naso-pharynx, mouth, and especially in the tonsils (Cornil), where they set up a form of follicular tonsillitis. Otitis has long been known to occasionally complicate pneumonia. In these cases the membrana tympani may or may not be perforated; it is frequently bilateral, and it is possible that the pneumococci gain access to the tympanum by way of the Eustachian tube.—*Medical Chronicle*.

A CURE FOR WRINKLES.—A curious application has been made of the absorbable properties of lanolin in the treatment of wrinkles. Although not strictly speaking a pathological condition, it is one which is even a more serious, because less avoidable, evil than freckles. When well rubbed in, lanolin passes directly into the skin, and acts as a nutrient to the subjacent tissues, with the effect of smoothing out the folds produced by the attenuation of these structures incidental to age. Several elderly ladies, who were induced to give this method of treatment a trial, are said to have been delighted with the result.—*Medical Press and Circular*.

## THE TRUE PLACE OF MILK IN THE TREATMENT OF DIABETES MELLITUS.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in  
the University of Pennsylvania, one of the Physi-  
cians of the Philadelphia Hospital, Etc.

The very emphatic declaration by Dr. Austin Flint, Jr., in *The Medical News* of July 9th, 1887, as to the harmfulness of milk in the treatment of diabetes mellitus seems to call for some reply from those who have been in the habit of regarding it with greater favor, and as I have published statements which distinctly commend its use under circumstances where Dr. Flint apparently directly condemns it, it appears not inappropriate that I should come forward and explain.

In the first place, I am not aware that any one, except Dr. Donkin, claims that milk is a specific for diabetes mellitus. My experience thoroughly sustains that of Dr. Flint, that "the so-called specifics for diabetes have little if any effect." Nor do I believe that a specific remedy for diabetes is likely to be discovered while its pathology is so ill determined as at present. There is reason to believe that we are able to influence the quantity of glucose in the urine of a given case by more than one drug. Thus, opium, and especially its alkaloid codeine, is well known to have this effect. In fact, codeine is by far the most active drug in this respect known to me. The bromide of arsenic, in the shape of Clemens' or Gilleford's solution, undoubtedly is influential. Ergot I have more than once seen reduce the quantity of sugar and urine. Salicylate of sodium in the hands of competent observers has been similarly credited. Finally, I have reason to believe, although my experience has as yet been too limited to justify any positive conclusion, that the treatment by lithium carbonate and sodium arseniate, recently announced by Martineau, but really originating with the late Prof. Rouget, may act similarly. Yet I am free to say that none of these remedies in my hands has ever cured a case, and I can cordially confirm Dr. Flint in the view that by far the most efficient treatment has been the diatetic.

And it is as a diatetic measure that I use milk, and always *skim milk*, in the beginning of treatment. It has happened to me time and again that glucose has completely disappeared from the urine and the quantity of the latter been rendered normal within a week after instituting the skim milk treatment, and this, too, in cases where an antidiabetic diet, from which all kinds of bread were excluded, had failed to produce the same effect. On the other hand, it has happened to me, and I have now such a case, in which the use of milk without any drug was promptly followed by a reduction in the amount of glucose, which was not, however, permanent. The patient is an adult, male, aged 39 years. The case is quite an acute one, in which the symptoms had set in but six weeks before he consulted me; at that time his urine contained full eight per cent. of sugar. I immediately ordered him on an exclusive skim-milk diet. He himself much preferred buttermilk, and as I thought the treatment would be essentially the same I permitted it. Under this treatment the sugar rapidly declined until at the end of 20 days it amounted to but 0.9 of 1 per cent. One week later, however, it had risen to 3 per cent. I then withdrew the milk and placed him on Clemens' solution of bromide of arsenic, in three-drop doses, along with an ordinary diabetic diet including gluten bread. A week later the sugar had reached 4 per cent. I then ordered him to omit all bread and increase the Clemens' solution to 5 drops three times a day, and further to increase one drop daily. On the 25th, a week later, he was taking 21 drops of Clemens' solution a day and the sugar amounted to 6.75 per cent. By August 1st, nine days later, the sugar had been reduced to  $2\frac{1}{2}$  per cent. He was now taking 25 drops a day and there was slight puffiness under the eyelids. I reduced the dose to 5 drops three times a day, and in eight days made another analysis, discovering 3.6 per cent. Thus, the glucose, which on a buttermilk diet had fallen to less than 1 per cent., but had again risen to 3 per cent., and during the administration of bromide of arsenic and an antidiabetic diet from which all bread was excluded had again declined to  $2\frac{1}{2}$  per cent., again began to increase while the same treatment was continued.



I then placed him on the solution of lithium carbonate and sodium arseniate, directing him to drink not less than one quart and not more than two quarts of the solution in twenty-four hours. After he had been on the treatment for three weeks a specimen of the urine had a specific gravity of 1.042 and contained 3.6 per cent. of glucose—that is, it remained at the same point as while he was taking the bromide of arsenic. Another analysis eleven days later gave precisely the same result, while the quantity of urine had again increased 50 per cent. He complained also of severe pains in his feet and legs, and of obstinate constipation. I then added twenty grains salicylate of sodium three times a day together with an aperient pill of blue mass, comp. ext. of colocynth and hyoscyamus. Thirteen days later the sugar had fallen to 1.4 per cent., while the pains in his feet and legs had disappeared, and the quantity of urine was normal. The pill had been efficient in regulating his bowels. I may add that in my experience the symptoms of true diabetes are invariably aggravated by constipation and torpor of the liver. Two weeks later the quantity of glucose had again risen to  $4\frac{1}{2}$  per cent., later to 5 per cent., but still later it had fallen to 4.2 per cent. for evening urine, the previous analysis being of morning urine.

It will be seen that in this case the use of buttermilk was followed by a decided reduction in the quantity of sugar, a reduction which exceeded that under any other treatment adopted. But it was not permanent. Nor was that under the bromide of arsenic and antidiabetic diet more permanent. I cannot myself think that the substitution of buttermilk, which I here permitted could have altered the result. Indeed, on theoretical and practical grounds, one would expect the result to be even more satisfactory. For, in the first place, the fat is at least as much removed in the buttermilk as in the skim-milk, and in the second place, much of the sugar of milk of skim-milk is converted into lactic acid in buttermilk, while the experience of Cantani goes to show that lactic acid is an efficient remedy in diabetes.—*Med. News.*

M. Lusage states that green-colored stools in infantile diarrhoea may be due to the action of certain micro-organism,

## USE OF BRAIDED SILK SUTURES IN LACERATED CERVIX AND PERINEUM.

Dr. J. N. Martin, of the University of Michigan, in a letter to the *Medical News*, says:—

For several years past silver-wire sutures have been used almost universally in operations for restoration of lacerated cervix and perineum. Although nearly every authority in gynecology teaches that silver-wire sutures are the best in operations for lacerated perineum and cervix, I am convinced that the right kind of silk, properly prepared and properly used for sutures, *will accomplish as good results* as silver-wire sutures, and that there are advantages in the use of silk sutures over silver-wire sutures.

I have used silk sutures in thirteen cases with exceedingly good results, and Prof. Dunster has used it exclusively for two and a half years with most excellent results.

I claim for silk sutures:

- (1) They are as easily introduced as silver-wire sutures.
- (2) Easier to tie silk and adjust the parts than to twist silver-wire sutures.
- (3) Much less irritation to the patient (especially in the perineum) while the sutures are *in situ*, which is important.
- (4) Removal of silk sutures is very much less painful.
- (5) Silk sutures give as good results as silver-wire sutures.

The *hard braided* silk should be used for the sutures (about No. 10 for the perineum, and a size or two smaller for the cervix), and should be rendered thoroughly anti-septic before and after waxing in bichloride of mercury solution (1 to 800 or 1 to 1000), or carbolic acid solution.

In tying braided silk one important precaution is necessary: it is best to make the knot with a triple tie, and the last tie to be drawn down tightly, or it may become untied.

The inebriate is always unconscious of the influences which are determining his actions. He seeks reasons to explain the act after, and is indignant when told that diseased impulses control, and thinks his own conception of his acts

far more accurate than that of others. It is impossible for him to detect the real condition and causes which control him. *Journal of Inebriety.*

#### SEXUAL INSANITY IN INEBRIETY.

In the first class, most commonly noted, after inebriety has begun, sexual irregularities appear. Thus, a man previously moral will consort with the lowest women, or have a mistress and pursue a line of most unusual conduct, irrespective of all social and family relations. The boldness and impetuosity of this conduct suggest disease and failure of the brain to realize the nature and consequence of acts. As an example, a man of excellent character, married, with fine family, became an inebriate, dating from an obscure brain injury. Suddenly he became a constant visitor to a house of ill-fame, appeared in public with the inmates, and gave no reason for this. A professional man of high standing became an inebriate, and began to keep mistresses and associate with fast women. In these cases such conduct indicates a sexual delirium and degeneration associated and following inebriety that is very grave. It is more often noticed among the steady and constant drinking inebriates.

In the second class, where sexual exaltations precede the drink paroxysm, there is always a marked neurotic element present. Such cases are often periodical inebriates. Thus, in a case under observation, a man of correct habits will, for two weeks before drinking, manifest almost ungovernable sexual impulses. He will consort with many women each day, have sexual dreams at night, and conduct himself in a very unusual way. Finally he becomes intoxicated, and the sexual impulse dies out. Long intervals, sometimes months, follow before it returns, during which he is entirely abstinent. In other cases this impulse will begin with intrigues with women, and secret journeys to large cities, visiting bad houses, and show itself in voluble conversation on these topics. A female inebriate, occupying a high position in society, exhibits this erotic impulse before the drink paroxysm, by the most scandalous stories of sexual wrongs, that are always creations of her imagination.

In these cases delusions of the infidelity of others are marked symptoms. A husband suf-

fering in this way will always suspect his wife, or those about him, of the same immorality. In some cases the capacity to gratify this impulse becomes paralyzed, but the mind exhibits a delirious pleasure in dwelling on the details of such acts.

The sexual crimes committed by inebriates have always been regarded as entirely within the control of the person, yet when carefully studied appear like the acts of a maniac, controlled by a blind, irresistible impulse. Practically, a knowledge of these associated insanities throw much light on inebriety and its treatment.—*Journal of Inebriety.*

#### THE CÆSAREAN OPERATION.

Saenger thinks that the cause of the greater American mortality is delay, and only trying the section when other operations have been unsuccessful. He lays stress on the following :

1. Antiseptic precautions as in other laparotomies.

2. The abdominal incision should be made through the linea alba over the middle of the fundus, about sixteen centimetres (6.3 inches) long.

3. It is not advisable to evert the unopened uterus, as it requires a large incision, except where the foetus is dead or there are not sufficient assistants.

4. The elastic ligature is not to be used before the uterus is opened, as it endangers the life of the child, or may incarcerate parts of the child, so that it may have to be loosened at a time when the operator requires his hands for more important matters.

5. Open the uterus in situ, by a frontal median incision ; cut through placenta, or push it to one side ; extract child by the legs ; if head is caught, extend incision upward, to prevent any downward laceration of the uterus. At same time, assistant is to press abdominal walls toward uterus to prevent prolapse of intestines or flow of fluid into the abdominal cavity.

6. The danger from hemorrhage is not so great as is commonly supposed. By pressure on the inferior segment, and by slight torsion or flexion of the uterus and broad ligaments, the bleeding can be much lessened. Do without elastic ligature if possible.



7. Care must be taken in regard to three points in suturing: 1. Accurate union of the incised surface of the uterus by numerous sutures, whereby a broad and close union is obtained. 2. Avoidance of suture-canal in the uterine cavity. 3. Especially careful union of the serous surfaces. Silk is preferred to silver wire, because silk can be absorbed. Excellent results can be obtained with catgut prepared in oil of juniper, chromic acid or mercuric bichloride.—*Extract from address at International Medical Congress, Medical Record.*

### THE QUESTION OF EXTRACTION AFTER VERSION.

It is the rule of practice with many that, in transverse presentations, turning by the feet should be followed by immediate extraction. This doctrine has recently been notably supported by Winter, on the strength of the histories of 310 transverse presentations at the maternity of the University of Berlin. Winter's propositions are: 1. Turning should not be performed until the os uteri is sufficiently dilated to admit of extraction. 2. The best results for the child will be secured when version is immediately followed by extraction.

In a recent number of the "Zeitschrift für Geburtshilfe und Gynäkologie," Dr. R. Dohrn of Königsberg, assents to the first of these propositions, but not to the second. "It is generally admitted," he remarks, "that the child's life will be endangered if, the waters having escaped, the faulty presentation is allowed to go unremedied after the os is sufficiently dilated to admit the hand. Whether tetanic contraction occurs after such neglect, or not, and whether or not there is compression of the umbilical vessels, the diminution in the capacity of the uterus, and the consequent curtailment of the respiratory surface of the placenta, are enough to endanger the child's life. The exceptional cases in which neglected cases result in the spontaneous birth of living children are not to be considered as an argument for delay in turning, for it is probable that in such cases, although the liquor amnii below the child has drained away, enough remains above it to keep the placental circulation intact.

"The waters, therefore, are to be looked upon as indispensable to the integrity of the foetal circulation. On the other hand, version should not be performed too soon after the waters have escaped, for, if the degree of dilatation is insufficient at that time, there will be danger from the compression of the cord by the cervix. The operation will not usually be difficult unless the uterus has already been subjected to repeated unskillful and unsuccessful manipulations. Rupture of the uterus, although possible in such cases, is not common, and as a rule it occurs only after the os has become completely dilated."

Winter's second proposition, as to the time which should elapse between version and extraction, is of great practical importance. That writer reports 236 cases of turning followed by immediate extraction, the os being fully dilated, in which only five children were born dead, against twenty-seven cases of turning before the os was fully dilated, the course of the labor being then left to nature, in which thirteen children were born dead. These facts, he thinks, speak forcibly in favor of waiting for full dilatation and then immediately following version with extraction. To Dohrn, however, these figures are not conclusive upon the general question, for the children, in the second series of cases, were placed under more perilous conditions than the others, in consequence of premature interference, and better results might have been secured, in all probability, if complete dilatation had been waited for.

Dohrn believes, with Boër, that in parturition the forces of nature should be allowed full sway until there is evidence that they can no longer be trusted, that every interference for which there is no definite indication is reprehensible, and that extraction without a special cause is no exception to this rule. The results of extraction will vary with the manual dexterity of the operator, and the degree of his knowledge of the mechanism of labor. This is amply shown by contrasting the two per cent. of mortality after version in Winter's statistics, the operators being skillful obstetricians attached to a great hospital, with the fifty-seven per cent. mortality which is given as the frightful rate in general practice in the Duchy of

Nassau, according to a recent report. The inference is obvious, that the natural forces were not given fair play in that locality. An important injunction is, that in extraction the force should be exerted in the direction which the uterine contractions indicate that the fetus is to take in any given case. In twenty-nine cases in Dohrn's public service in which turning was performed after the os was fully dilated, the delivery being then left to nature, there was not an accident, and he therefore infers: 1. That in transverse presentations podalic version should be performed only when the os uteri is fully dilated, although to this there may be occasional exceptions. 2. That extraction should follow immediately upon version only when there is a well-defined indication for such a procedure; if there is no such indication, the safety of both mother and child will be most favored by awaiting delivery by the unaided natural powers.—*N. Y. Med. Jour.*

#### IS CANCER HEREDITARY?

Dr. Fordyce Barker, in his recent address, on the opening of the New York Cancer Hospital, said:

"The belief has been almost universal, both with the profession and the public, until within a comparatively recent period, that cancer has generally a hereditary origin. It is probable that no doctrine in regard to the cause of disease has given rise to so much and so causeless misery and unhappiness in the world as this. In those who have some symptoms which they suspect to indicate the beginning of this disease, suspicion becomes a conviction if any relative of a former generation has died of cancer. They may almost be said to begin the pangs of a moral death long before it is demonstrable that physical death is inevitable from this cause. If the patient has any family history of this disease, and is suffering from any acute or chronic affection, attended with symptoms which he has heard exist in cancer, the effect of this conviction is not only most depressing, but dangerously complicates conditions which otherwise might result in recovery. I have personally known many illustrations of the truth of both of my two last assertions. Again, I

have more than once been asked, in those pathetic tones, which tell of heart-breaking anxiety, 'Are my children—or is my daughter—doomed to suffer as I now do?' The answer given in no equivocal words, is, 'The probability of such a doom for any descendant of yours is extremely small.' In all the statistics which I have been able to collect, where the antecedent family history seemed to be trustworthy, I have found the proportion of those who have had cancer, in whom some relative of a former generation is reported to have had some form of malignant disease, to be only 13.65 per cent. On the other hand, in regard to one family which has, in the present generation, the largest number of victims that I have ever personally known, I have authoritative proof for asserting that no development of any form of malignant disease has ever existed in three previous generations, including collateral branches.

Before a professional audience I could give a list of names, which would be regarded as conclusive as to present belief of the profession on this point. More than a quarter of a century ago, Mr. Jonathan Hutchinson, whose opinions carry the greatest weight, expressed his disbelief in hereditary origin as an effective cause. Recently—that is, during the past year—in a notable and most able discussion of this subject he said, "It is utterly useless to employ such a term as hereditary transmission of cancer in such a sense as we speak of the transmission of some other diseases."

A proclivity to the disease may result from the conjunction of certain parentage, but it can not be said to be inherited from ancestors in whom it did not exist. We may speak of cancer being hereditary as we speak of delirium tremens as hereditary, but in neither case is this transmission of the disease. Parents can not transmit to children disease which has no existence in their own system previous to the birth of the children, and then it is absurd to say that a daughter has inherited the disease which her mother first developed twenty-five years after the birth of the daughter.—*N. Y. Med. Jour.*

VOMITING IN PREGNANCY.—A writer in the *Lancet* says: I have not failed once for many



years, by a single vesication over the fourth and fifth dorsal vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritis pudendi of the puerperal condition yielded as readily, and to one application.—*Archives of Gynecology.*

THE USE OF WATER AT MEALS—Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilates the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely provided the peptones are removed as they are formed. The good effects of water, drunk freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is specially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the

mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass directly through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to the others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*Brit. Med. Jour.*

SUDDEN ŒDEMA OF THE GLOTTIS AS A FIRST SYMPTOM OF CIRRHOTIC KIDNEY.—B. Fraenkel (*ibid.*) reported an interesting case of the kind before the Berlin Medical Society. The patient was suddenly seized with dyspnoea, and when the author saw him he was sitting on a chair and complaining of the want of breath. A laryngoscopic examination showed swelling of the epiglottis and of the aryteno-epiglottidean folds. As the patient was stepping into the carriage to be taken to the clinic, where tracheotomy was to be performed, he dropped dead. At the autopsy intense œdema of the epiglottis and the aryteno-epiglottidean folds was found. There was very marked contraction of the left kidney. The right kidney was enlarged and in a condition of parenchymatous swelling. The immediate cause of death was œdema of the larynx caused by the condition of the kidneys. There was absolutely no effusion in any other part of the body. The patient had never shown during life signs of any disease of the larynx. The whole duration of the illness was not more than an hour. The patient must certainly have suffered with albuminuria for some time, as the urine removed after death was rich in albumen. In the discussion that followed, A. Baginsky remarked that such a condition was observed also in the acute nephritis following scarlatina. De Bary, of Frankfurt, had been the first to describe acute œdema of the glottis as a first symptom of scarlatinal nephritis. Since then a few cases of the kind had been recorded.—*N. Y. Med. Journal.*

**STROPHANTHUS VICE DIGITALIS.**—Enough time has not elapsed, since the introduction of this drug into medicine, to allow many private practitioners to collect results sufficient in number for the purpose of drawing an accurate inference as to its therapeutic probabilities. I therefore consider the following case of some interest, as tending to point out a way in which strophanthus may come to the help of its elder brother, digitalis.

A retired Indian officer, subject to frequent attacks of liver indigestion, with the usual concomitant symptoms of jaundice, lithates in the urine, etc., consulted me on October 12th for severe palpitation. I found an intensely neurotic patient, with a flabby, dilated, and irregular heart; but, on careful examination, could detect no signs of valvular disease, and there was no previous history of organic cardiac mischief.

Previously to sending for me, he had been taking a prescription containing digitalis, which, up to the present, had been his "sheet-anchor," but which, in this instance, had apparently done him no good, whatever. I ordered him the same prescription, substituting five-minim doses of the tinctura strophanthi for the tinctura digitalis, three times a day. In twenty-four hours the palpitation was much relieved; in a week it had disappeared; and the pulse, which had fallen from 103 beats to 76 in the minute, was full and regular.—THOS. SANCTUARY, M.D., in *Brit. Med. Jour.*

**AN IMPORTANT ADVANCE IN SURGICAL DRESSINGS.**—When a sublimate solution comes in contact with an albuminous fluid, the albumen is coagulated and forms, with the bichloride, a precipitate which has lost all disinfectant properties, as has also the supernatant fluid. Dr. Ernest Laplace, of New Orleans, has, since March last, been working in Berlin under the direction of Dr. Koch. After many fruitless experiments, he found at last the principle of the action which he was seeking, namely, *the addition of an acid to the solution of corrosive sublimate*—such an acidulated solution *will not form an insoluble albuminous precipitate*. Dr. Laplace usually added five parts of hydrochloric acid to a thousand parts of a solution of

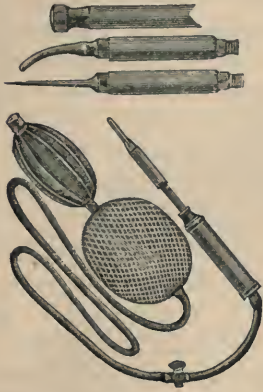
corrosive sublimate (1 in 1000) though occasionally he substituted carbolic or tartic acid. It makes no deposit after standing; when brought in contact with an albuminous fluid, the albumen will remain in solution, and the whole strength of the solution of sublimate will be obtained as in non-albuminous fluids; an acid medium is unfavorable to the development of micro-organisms. The discovery of Dr. Laplace made such an impression on Dr. Koch and his co-worker Dr. Löffler, that the latter made a report on the subject before the International Congress of Hygiene and Demography. —*New Orleans Med. and Surg. Journal.*

**FOLLICULAR TONSILLITIS.**—The question of the infectiousness of follicular amygdalitis seems far from being settled. It seems in many cases to be a question of diagnosis, and one which is not easily solved in a given case. From not an inconsiderable experience we are inclined to concur with the opinions of Jacobi on the subject, as expressed in a paper read before the Academy of Medicine last year. These, as we understand them to be, are that follicular amygdalitis may be of catarrhal, purulent, fibrinous, or diphtheritic character. When it is of diphtheritic character (commonly known as punctate diphtheria) it is highly contagious, and may give rise to a very severe attack of diphtheria. The different varieties are not easily distinguished; hence it is better to err in the right direction, and isolate every patient with follicular amygdalitis in the same way as if he were suffering with diphtheria.—*N. Y. Med. Journal.*

**THE PREVENTION OF MAMMARY ABSCESS.**—Dr. Miall, in the *Med. Review*, says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples,



He has often had immediate relief, and seldom requires to make more than three applications. —*Archives of Gynecology.*



This cut represents a new thermo-cautery embodying many advantages over Paquelin's. The watch-chain attachment and glass bottles are dispensed with. The hydrocarbon used in the cylinder is blown through cotton wool by compressed air with the atomizer attachment. The benzol (or other hydrocarbon) cannot spill or be lost by breakage of bottles as with the others. The points are 4/10 m.m. platinum, retaining better heat—Paquelin's being 3/10 m.m. in thickness—and are directly connected with the cylinder, which serves for a handle. The instrument—points, alcohol, lamp, and extra benzol container—is very compactly contained in a neat leather case, which is portable for the pocket. Full nickel-plated; it is always clean and never becomes clogged; with a good hydrocarbon. Martin, Toms & Co., 152 Yonge St., Toronto, are sole licensees for this latest improvement in cauteries.

A NEW THEORY IN REGARD TO THE FUNCTIONS OF THE DUODENUM.—Treves has observed that the third portion of the duodenum is firmly attached to the four lumbar vertebrae by a ligament called the musculus suspensorius duodenalis. This fact is observed pretty constantly in animals and in man, also that the duodenum forms a curve something like a siphon trap. The fixed portion always being stationary, allows the free portion to assume varying degrees of curvature. The duodenum being always more or less filled with fluid from liver and pancreas, that this curving of the duodenum performs the function of a siphon trap, and absorbs all the fetid gases that forms in the bowels, that might have a tendency to regurgitate upwards—*Weekly Medical Review.*

DIAGNOSIS OF TUMOR.—Prof. Gross in the *Coll. and Clinical Record*—The fluid contents of an ovarian cyst always contain cholesterine, which is never found in the contents of a cystic fibroid. Hence, when in doubt as to the character of the tumor, the microscope proves a ready means of diagnosis. To examine a woman's breast, she should be lying on her back. If in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of the fingers back through the breast against the breast walls, and not by pinching the structures up between the fingers.—*Archives of Gynecology.*

AGAIN THE CIGARETTE.—The latest yarn concerning "the deadly cigarette" that has come to our notice is that which attributes the death of a boy who jumped out of a window to shock "accelerated by excessive cigarette-smoking." This is almost as convincing a case as that of the cigarette-smoker who was assured by an aurist that his deafness was due to the use of cigarettes, but calmly retorted that he had been deaf for ten years before he ever smoked a cigarette.—*N. Y. Med. Jour.*

### Therapeutical Notes.

When bromides do not benefit epilepsy, Prof. Bartholow states it is always well to try picrotoxin, gr.  $\frac{1}{10}$  bis. die. It is especially indicated in nocturnal epilepsy.

FRECKLES.—Freckles can be removed, according to Hager, by the application, every other day, of an ointment of white precipitate and subnitrate of bismuth, each  $\mathfrak{z}$ i; glycerine ointment,  $\mathfrak{z}$ ss.

#### ASTHMA AND BRONCHITIS.—

R. Fld. ext. grindelia robusta . . . . .  $\mathfrak{z}$ ii.  
 " " yerba santa . . . . .  $\mathfrak{z}$ ii.  
 " " stramonium . . . . .  $\mathfrak{z}$ iss.  
 M " " lobelia . . . . .  $\mathfrak{z}$ ii.

Sig.—A teaspoonful every hour during the paroxysm, and 3 or 4 times daily to ward it off.—*Practice.*

## MAY DEW LOTION FOR PIMPLES.—

R. Boracis .....	℥i.
Glycerin .....	℥ss.
Sodæ sulphit .....	℥2.
Aq. rosæ trip .....	℥v.
℥ Aq. destill ad .....	℥x.

CHRONIC CERVICAL ENDOMETRITIS.—Dr. Clement Godson, of St. Bartholomew's Hospital, finds the application of liquor ferri sub sulphatis and glycerine successful in chronic endocervicitis. It coagulates the discharge, removes it, and in many instances cures the inflammation, and is followed by conception, which was impossible before.

POTASSIUM PERMANGANATE AS A PREVENTIVE OF DIPHTHERIA.—Johannsen (*St. Petersburg Med. Woch.*) argues that the secretions of the mouth and nose accumulate during the night and undergo more or less decomposition, thus favoring the action of the diphtheria germ. He therefore advises washing out the mouth and the nasal passages of children every night with a clear-red solution of potassium permanganate. He thinks his observation warrants the statement that the practice is efficient.—*N. Y. Med. Journal.*

LITHURIA.—Dr. J. B. Johnston, of Washington, has found no prescription superior to the following in cases of lithuria, and in uric acid diathesis attended with gouty and rheumatic symptoms:

R. Liq. ammoniæ citratis .....	℥iss.
Sodæ phosphatis .....	℥iss.
Acid salicylicæ .....	℥iss.
Ferri pyrophosph. ....	℥ii.
Glycerin .....	℥ii.
Elixir aurantii .....	℥vi.
℥ Aq. ad. ....	℥viii.

SIG.—A tablespoonful every 3 or 4 hours.—*Practice.*

## ACNE.—

R. B. Naphthol .....	10 parts.
Precip. sulphur .....	50 "
Lanolin or Vaseline ....	25 "
Green Soap .....	25 "

To be spread on the skin the thickness of the

back of a knife-blade, and left on fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off, and the skin powdered with talc. The skin becomes inflamed, then turns brown and peels off. The desquamation may be hastened by application of Lassar's paste, with 2 per cent. salicylic acid.

GONORRHOEA.—Dr. W. C. Abaly, of Madison, Wis., has used, with specific success, boracic acid in gonorrhœa. Out of thirty cases of sub-acute and chronic, he only failed to effect a cure in three cases. The following is his mode: Half a drachm of boracic acid is rubbed up with a drachm and a half of glycerine; then, by the use of a soft rubber catheter, and a hard rubber syringe, with a nozzle large enough to allow of the free flow of the pasty material, the injection is commenced at the prostatic urethra, gradually withdrawing the syringe and stripping the catheter with the thumb and forefinger, until the full length of the urethra has become thoroughly saturated. This process is repeated every second day. The patient urinates before treatment.—*Med. Review.*

THE TREATMENT OF TETANUS.—Dr. Melden says, in the *Medical Press*:

Some years ago I treated a case with a combination of hyoscyamus, belladonna and conium. The case was very acute. The symptoms were first noticed on the fifth day. On the second day of the disease the pulse was 120, and the temperature 103°, which alone marked its acute nature, yet under the belladonna, hyoscyamus and conium treatment, the patient recovered. Some months later I had another successful case, commencing on the seventh day.

Out of seventeen cases which I have now treated with these drugs, there were thirteen recoveries and four deaths. These results have induced me to bring forward this plan of treatment, in the hope that it may be equally successful in the hands of others.

Since the introduction of antiseptic surgery, tetanus has almost disappeared in the Dublin hospitals.



# THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited.*

*We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1888.

## ANNOUNCEMENT.

We announce to our readers and advertisers, and to all others interested, that we have assigned the business management of THE CANADIAN PRACTITIONER to Messrs. J. E. Bryant & Co., of 64 Bay Street, Toronto, to whom all accounts for subscriptions and advertisements, both old and new, should be paid. We heartily commend Messrs. Bryant & Co. to all our friends, and confidently hope that this arrangement will be a very advantageous one, as it will relieve us of all responsibility and care in the now arduous task of attending to the purely business interests of our rapidly growing subscription list and advertising patronage, and will enable us to devote more time and energy to our editorial work.

A. H. WRIGHT.  
J. E. GRAHAM.  
W. H. B. AIKINS.

## ANNUAL DINNER OF THE UNDER-GRADUATES OF TORONTO UNIVERSITY.

Nothing more successful in the shape of a dinner than the banquet of the undergraduates of the University of Toronto has ever been given in this city. As the public have learned from the daily papers, the banquet was held in the Rossin House. The genial host, Mr. Mark Irish, was compelled to use his extra space, outside the capacious dining-room, to accommodate the large number assembled. He was

fortunately equal to the occasion, but thought seriously of the contingency of greater numbers in the future, and expressed his intention of extending his dining-room to the bay, if necessary, for such dinners hereafter.

Dr. Wilson, the able President of University College, acted as chairman, with his usual tact and ability. The students were enthusiastic, but, at the same time, behaved admirably. The large number of representative guests entered heartily into the general feeling of enthusiasm which prevailed. We were pleased to notice the large number of prominent physicians from Chatham, London, Hamilton, and various other towns, who honored the occasion by their presence.

The new Medical Faculty received, as a matter of course, the lion's share of the honors. Many were the kind wishes expressed by those present for its prosperity and success. The guests who spoke did not appear to have any doubt on this point. On the contrary, they evidently accepted the fact that its success was assured, and their remarks were generally congratulatory in character. While all appeared to be delighted at the establishment of the new faculty and its bright prospects, the general feeling was that the University Senate should go on with its good work, and establish a faculty in law.

## ONTARIO COLLEGE OF PHARMACY.

The evidence of wrong-doing and various irregularities in connection with the recent election of the governing council of the College was a painful revelation to the many friends of this corporate body. Years will probably have to elapse before the stain is entirely removed. It is admitted on all sides that certain of the chief officers of the council have adopted, or allowed some irregular modes of procedure in conducting the elections, especially the last, which has been declared fraudulent by judgment of the court. We find, as an instance of this, that at the election referred to, the ballots were opened at the wrong time. We have every reason to believe that the gentleman who did this had no idea of committing a fraud. During the interval between the opening of the

ballots and the count by the scrutineers, some party or parties gained access to them and committed the gross fraud of making certain changes which excluded some candidate or candidates who would otherwise have been elected.

After steps were taken to have an investigation, the ballots were destroyed. This extraordinary act (to put it very mildly) was done in consequence of a misunderstanding respecting a telephone message from Guelph, which was taken as "Destroy the ballots," instead of "Do not destroy the ballots." The President, in order to prevent mistakes, sent a telegram at the same time with the latter message; but it arrived too late, as the ballot destroyer, with a promptitude and alacrity worthy of a better cause, had done his work—and had done it well, too—these ballots never again appeared to mortal gaze.

The new election, ordered by Mr. Justice Robertson, will be held in a few days, and the excitement over it among the druggists is very great. Many of the electors and some of the candidates are showing bad taste by indulging in personalities. The stigma connected with this disgraceful business will long attach itself to the School of Pharmacy. We regret it exceedingly, because we believe this excellent institution has been doing good work in the cause of higher education generally, as well as that of pharmacy particularly. We sincerely hope that all will aim at electing the best and most honorable men among the druggists in the Province, rather than gaining any personal triumphs.

It is, perhaps, superfluous to add the hope that the new council will profit by the lessons they will have learned before their election. The distribution of the costs equally among all the members of the old council, whether they knew anything about the irregularities or not, will probably give the newly elected members of the council a lively sense of the responsibilities which they are to assume in governing the college. When the first irregularity of any kind is allowed in such a body as this, very grave dangers arise, of which the case before us is a sad example. Let us hope that we have seen the last of irregular methods and inexcusable carelessness on the part of the Council of

Ontario College of Pharmacy, but rather let us trust that, in the future, its management may be in all respects above reproach.

### THE LOCAL BOARD OF HEALTH REPORT.

The citizens are to be congratulated on the advances made in sanitation this year under the action of the Local Board of Health. The retiring chairman, Alderman Drayton, carries with him the thanks and good wishes of all who intelligently follow the workings of the Health Act and value the blessings of health. In an annual report, an array of figures must of necessity be presented, which appear to be of a formidable character. The local press and many citizens have cried out at what they consider the alarmist nature of the report, and state that the Board and their efficient health officer have made a bug-a-boo out of what does not exist, and have created uneasiness and injured the fair name of the city unnecessarily.

The summer of the past year was particularly hot and dry; campers on the island, for want of proper conveniences, had created a serious nuisance; had there been no Board of Health serious consequences would have resulted.

The privy pit nuisance has also been prominently brought to notice. In the closely built parts of the city, such as St. John's Ward, this is a very vital question. The lives of our artisans are as precious to the community as those higher in the social scale. We are very pleased to note that the Board has grappled with this question. When such a valley as that of the Rosedale ravine, became an intolerable nuisance from the number of dead dogs and sacks of decomposing carrion lodged in the stream, the stench from which was so great as to sicken the workmen engaged in cleaning out the stream, how great must be the danger to health from open pits discharging poisonous vapors into the living rooms of hundreds of houses in the most densely populated districts of the city?

The medical health officer has done well to direct attention to the foul state of the water front and the wharves. This must be remedied; every step taken towards the solution of our



sewage-disposal problem is deserving of the serious and favorable consideration of our citizens. Our daily press is not backward in recognising the advantages of pure air and water, it recognises the great importance of a good health record as one of the foundations of our city's prosperity. We concur in all this, and say to them go on, step further and back up an energetic and now well constituted Local Board of Health.

### THE NEW HOSPITAL IN TORONTO.

Arrangements are being made to build the new hospital on the grounds of the University of Toronto next summer. A party of gentlemen composed of the Hon. John Macdonald, Mr. Vice-Chancellor Mulock, Professor Ramsay Wright, and Dr. Chas. O'Reilly left Toronto, December 27th, to inspect a number of the principal hospitals in the United States, in order to gain a complete knowledge of the latest and best methods of constructing hospitals. They intended to visit Boston, Baltimore Philadelphia and New York. Those interested in this good work are determined that the new hospital shall be as perfect as possible in all respects. Professor Wright's chief aim will be to make a thorough study of the best scientific laboratories on the Continent, which will be of great service in drawing the plans for the new laboratories to be built this year for the Science Department of the University Professoriate.

### AMYLENE HYDRATE, THE LATEST HYPNOTIC.

Von Mehring, in a recent number of the *Therapeutische Monatschrift* (*N. Y. Medical Record*), describes a new hypnotic, discovered by Wurtz, known to chemists as di-methyl-ethyl-carbinol, and to physicians as amylene hydrate. It is a clear, colorless liquid, soluble in 8 parts of water, and miscible in all proportions with alcohol. It has a distinct, penetrating odor, like many of the volatile oils.

The average dose is 4 grammes (1 fluid drachm), and is most useful for the sleeplessness of ner-

vousness and the insomnia of fevers. It is palatable and free from danger, and in power lies midway between chloral and paraldehyde. It is said that it has no serious effects in extensive cardiac lesions. It is generally unreliable when used for insomnia which is directly due to pain.

The *Record*, in commenting on this and other hypnotics, as well as antipyretics, refers to the wonderful development of organic chemistry, and shows how much it has assisted therapeutics. Beginners in the study of medicine cannot fully appreciate the merits of such a course in chemistry as is given by Dr. Pike in the University of Toronto; but the seniors, as well as the profession generally, will learn by such examples as this the vast importance of a thorough scientific training in chemistry as well as physiology.

### TORONTO SCHOOL OF DENTISTRY.

We are pleased to learn that this excellent institution is making substantial progress. The third annual dinner was given in the Rossin House, December 13th, and was very successful in all respects. We understand that the College is anxious to advance with the times, and become affiliated with the Provincial University with a view to obtaining degrees in dentistry for its graduates who come up to a certain standard. The teaching in the College is, so far as we can learn, all that could be desired so far as it goes—the only weak point being the methods of giving clinical instruction. We believe the authorities are anxious for improvement in this particular, and we have reason to believe that provision will soon be made for a thorough course of clinical teaching.

We call the attention of the profession to Dr. H. O. Walker's Weir-Mitchell Sanitorium, Hamilton, which has lately been enlarged and improved. This well-known system is here carried out in its entirety, and under the direct supervision of Dr. Walker, who is assisted by nurses trained in Dr. Weir-Mitchell's own Hospital.

## NOTES.

BLEPHARITIS CILIARIS.—Alt (*Med. Review*) says this affection is frequently due to the face-powders in common use.

A patho-biological laboratory has been opened in connection with the State University of Nebraska, under the direction of Dr. Frank S. Billings.

Sir Risdon Bennett, in a little work on the diseases of the Bible, endorses Stroud's view that the physical cause of the death of Christ was rupture of the heart, produced by intense mental agony.

An extraordinary verdict was recently returned by an English jury, namely, "Death from failure of the heart's action, accelerated by the prick of a pin." The physician who made the autopsy failed to find any trace of a puncture.

Is cancer contagious? is the subject of correspondence in English journals. One physician is exercised because a laborer attributed the cause of his complaint to drinking out of the same vessel as his father, who died a year previously from epithelium of the lip. What next?

The *Lancet* directs attention to the small social vices which exercise an unfavorable influence upon the physical condition of young women. As examples of the prevailing spirit of self-indulgence, mention is made of incessant tea-drinking, sipping eau-de-cologne and addiction to sensational moral-reading.

ALBUMEN, HEMIALBUMOSE, OR PEPTONE.—The following is taken from the capital little manual of clinical diagnosis, by Siefert and Muller, just issued:—"The biuret test for albumen hemialbumose, or peptone, in urine, is made by first making the urine alkaline with caustic potash, and then adding 1-3 drops of a diluted solution of sulphate of copper. A reddish-violet solution is formed if any of these are present.

Peptones are present in the urine principally in the absorption of pus and exudations, (pneumonia empyema abscesses and puerperal fever). They are not precipitate on heating, nor with nitric or acetic acids, nor with ferro-cyanide of potassium, but are tested for with the biuret test, after the *albumen* and *hemialbumose* have been removed, or proved absent. Peptone (hemialbumose) is an intermediate state between albumen and peptone. This is not precipitated by heating, but by nitric acid, acetic acid, and ferro-cyanide of potassium, as well as by acetic acid and sodium chloride. All these precipitates have the property of dissolving on heating, and reprecipitating on cooling.

Sudden death in typhoid fever is most often met with (*Dewevre in Archives de Medicine—Med. Chronicle*) between the ages of 22 and 25, being rare in infants and old people. It occurs in males more frequently than in females. It is most common in the third week of the disease in the medium forms of the disease. It generally occurs after some effort, movement, or emotion, and occasionally during sleep. Cases of sudden death in typhoid may be divided into two classes, viz., those in which the autopsy reveals pathological changes which are sufficient to account for death, and those in which no satisfactory cause of death can be discerned. Hayem thinks that a peculiar form of degeneration of the heart muscle is constantly present in sudden death from typhoid.

Hensel, in a paper on the causation of gangrene of the lungs, states (*Medical Chronicle*) that there are two distinct forms of lung gangrene, namely, the gangrene caused by the breaking down of a performed necrosis, and the gangrene caused by the action of the products of putrefaction on a sound lung or a lung previously altered, but still protected from putrefaction by a wall of living epithelium. In the last-mentioned form the gangrene germs must first produce a necrosis. They irritate the lung in their neighborhood, exciting inflammation, with catarrhal exudation, which may resolve or get caseated or become gangrenous,



## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, Nov. 24TH.

#### RODENT ULCER.

Dr. R. A. Reeve presented two patients upon whom he had recently operated. In the first—case of rodent ulcer, involving the lower left eyelid, and a large part of the adjacent tissues—he had scraped away the diseased mass, and by a plastic operation, almost entirely removed the traces of the lesion. Dr. W. H. B. Aikins found nest-cells in the removed tissue.

In the second, Dr. Reeve had removed a piece of metal from the eye, by means of the electro-magnet, on the sixth day of its entrance. Sight would in all probability be preserved.

#### SARCOMA.

Dr. McPhedran presented a boy, with a tumor in the left mammary region. The following history of the case was given: About five months ago, while engaged in a scuffle, the lad fell, and his companion knelt upon his chest. There was little or no inconvenience from this at the time, but six weeks ago a slight swelling was noticed, which had increased rapidly and was tender to the touch. The apex beat was moved to the right one inch, and the right auricle could be seen beating to the right of the sternum. On the affected side the respiratory murmur was weak, and the percussion note dull. The tumor appeared to be fluctuating, though nothing but blood resulted from an incision made at the point of greatest fluctuation. The temperature was elevated 2-3 degrees, and the lad was emaciating rapidly and becoming anæmic. Slight puffiness below the eyes had been noticed within the last week. The two ribs beneath the tumor appeared to be bound together. The growth appeared to be sarcomatous, the bulk of the tumor lying behind the ribs.

Dr. Johnson read an interesting paper upon a case of

#### POISONING BY HYOSCYAMIN.

See page 1.

In the ensuing discussion, Dr Cane said that in the Toronto Asylum he frequently administered gr.  $\frac{1}{2}$  of Hyoscyamin (Merc's) hypodermically in cases of pure mania without any indications of poisoning.

Dr. R. A. Reeve believed the drug might be used to advantage in delirium tremens. In the treatment of nervous affections, it was impossible to adhere to the prescribed dosage, as a large amount of the drug was apparently expended in neutralizing the disordered state of the nervous system.

STATED MEETING, Dec. 1st.

#### COCAINE IN MALIGNANT DISEASE OF THE BLADDER.

Dr. Carveth reported a case of malignant disease of the bladder where cocaine had been of great service in relieving the sufferings entailed. The patient being unable to sleep on account of the intense pain, and the necessity of voiding the urine every few minutes. After emptying and washing out the bladder, he nightly injected into it gr. 1 of cocaine, with the result that the urine could be retained three hours at a stretch, and the pain was relieved. Sir Henry Thompson had lately said that morphia alone could relieve the pain in these cases.

STATED MEETING, Dec. 8th.

Dr. Wilson read a paper entitled

#### APPLICATIONS TO THE ENDOMETRIUM,

in which he briefly summarized and compared the various methods of treatment at present in vogue.

Dr. Machell gave the following history of a case of

#### VOMITING OF BLOOD IN A NEW BORN CHILD, FOLLOWED BY DEATH.

Mrs. S., confined 6th Nov. Baby strong and healthy in appearance; cried lustily; breathed normally. Nursed well and regularly up to the 8th inst., about four a.m., when mother nursed her in ordinary way. Shortly after this the

nurse, who was sleeping with the mother, reached over her and took up the baby, intending to change its position in the bed, when it cried very much for 10 or 15 minutes, and a short time afterwards vomited some dark-colored matter, which was discovered to be blood when daylight came. The vomiting of blood continued, more or less, all day—often quite large clots coming up. When the Dr. saw it at 5 o'clock it was pulseless, breathed rapidly, and had a greyish-blue look, which called for an unfavorable prognosis. It died about 7 p.m. What was the lesion? Was it injured by the nurse, as the mother thinks? If so, in what way? No *post mortem* could be obtained.

Dr. Machell also reported a case of

#### STRANGULATED UMBILICAL HERNIA.

About 2.30 p.m., on 9th November, was asked to see Mrs. B. Her husband said she had had some pains in the bowels since last night. As I could not see her till late in the afternoon, I gave him two  $\frac{1}{4}$  gr. doses of morph., with instructions to give the second one in one or two hours if first did not give relief. About 5 p.m. I saw her and got the following history. Married twice, four children. Had a small lump at navel for two years. Had two attacks of pains during summer, lasting an hour or two, during which time the lump became larger. It would then go back to its original size, but never disappeared entirely. It never prevented her doing her household work, as well as usual, up to twenty-four hours ago. Had acute pain then at umbilicus. Slept none all night. Vomiting came on this morning early, and continued at intervals all day. Vomiting became stercoraceous about 11 a.m. She was easier when I saw her, and had had little vomiting for last half hour. Large, stout, corpulent woman, weighing about 200 pounds. Pains confined altogether to umbilicus, where a mass as large as two fists (if flattened out a little) could easily be seen. It had been very tender to touch till she took the powders, but she could bear my manipulation very well. I could not reduce it at all. She said it had never been fully away since first noticed—two years ago. Pulse about 80, countenance slightly anxious, skin cool and

moist. Had taken six seidlitz powders, and made several efforts to have bowels moved, but without avail. Gave bism. and tr. op. deodorat, and asked them to put ice on till I saw her again, intending to take up a chloroformist during the evening and anaesthetize her and again attempt taxis. At 6.30 her husband came to say that she was dead. After I left she had slept for half an hour—awakened and vomited so violently that the mouth, throat, and nostrils were filled with stercoraceous matter, actually smothering her.

STATED MEETING, Dec. 15th.

Dr. Ianson showed

#### A STERNUM WITH CARTILAGES ATTACHED,

the third, fourth and fifth on the right side being fractured transversely, and the sixth, seventh and eighth obliquely; on the left side, the fourth cartilage was dislocated at its sternal attachment. The following history of the case was given: While working in a cutting on the Don Improvement, a quantity of semi-frozen earth and sand had fallen upon the man from a bank two feet above his head, while he was in a stooping position, partially burying him. On examination, the fractured cartilages could be easily depressed by gentle palpation, returning to their places with each inspiration. The cellular tissues of the neck and the entire left side soon swelled with emphysema, showing puncture of the left lung—caused by the ribs of that side being fractured at their angles, and (one) of the fragments having pierced the lung. On further investigation, a comminuted fracture of the left ilium from the ant. sup. spine in front to the spinal column behind, and a backward dislocation of the head of the right femur were discovered. The man lived for about nine hours; and at the autopsy the following further lesions were discovered: rupture of the left lobe of the liver, of the gastro-hepatic omentum, of the spleen, and of the hilum of the left kidney.

Dr. McPhedran gave the following notes of a case, where there was probable

#### RUPTURE OF THE KIDNEY.

A man, while in an intoxicated condition, had



fallen from a bridge, forty-five feet in height, alighting on a bed of stones, covered slightly by water. When seen, several hours after, no severe external injury was discovered, except a dislocation of the left wrist, with indistinct crepitation in the carpus. There was some pain in the epigastrium, but the pulse was good, and the man apparently comfortable. Seven hours later he was pulseless, passing bloody urine, with great pain, and frequent desire. Death resulted.

Dr. R. A. Reeve reported a case of

#### CEREBRAL ABSCESS

With the concurrence of Dr. W. T. Aikins, with whom he had seen the patient in consultation. J. P., aged 15 years, of active habits, cheerful disposition, and generally good health, was seen by Dr. Aikins first on Thursday, November 24. The lad had fallen upon his head three times during the previous twelve weeks. The first fall was due to the breaking of a trapeze, from which he hung, head downwards; the second occurred somewhat similarly—but in neither occasion was there any after-trouble. The third time was on Saturday, November 19th, when he lighted on his head instead of his feet playing leap-frog. He complained of stiff neck and some headache the next day, November 20th, but went to school as usual on the 21st. Tuesday, 22nd November, was kept at home, and was treated with household remedies for presumed bilious attack with headache. On Thursday, 24th, was found by Dr. Aikins with intense headache (right sided) and temperature  $104^{\circ}$ ; was put to bed, cold-applied to head by Dr. Aikins' rubber coil-cap, and salicylate of soda ordered. The right hemicrania persisted for a week, when general cephalalgia, with pain at nape of neck, set in. Potassium iodide and bromide were then ordered. Dec. 4th, the pulse fell to 48; the temperature had remained at about  $100^{\circ}$  from the first day or two. Morphia was given to relieve excessive pain, and chloral hydrate and potassium bromide ordered as anodyne, p.r.n.

Monday, Dec. 5, 9 p.m. When seen by Drs. Aikins and Reeve, temperature was  $100^{\circ}$ , pulse 48, compressible. The patient had vomited several times during the day, but there had been

no vomiting during the illness since a few slight attacks at the beginning. There had been no rigor, delirium, unconsciousness, convulsions, or paralysis; no ptosis, squint, or diplopia; pupils normal in size and reaction; slight optic neuritis of left side, incipient of right. The right ear, which had been subject to otorrhœa from early childhood, contained some fetid discharge, which, however, had free vent, the drum-head being absent. There was a small bead of granulations at the anterior part of the tympanum; no external swelling or tenderness of mastoid. The lad would cry out now and then as if in intense pain, and then lapse into an apparent doze for a few minutes. He was quite sensible, as he had been throughout, and said he had not fallen upon his ear. Dr. Reeve thought the history and symptoms pointed to cerebral abscess. Dr. Aikins regarded the diagnosis as somewhat uncertain. Trephining the skull, as recently done to give vent to pus, was discussed, but not decided upon.

At Dr. Aikins' visit, Dec. 6, 6 p.m., the mind was clear, headache severe, pulse 48. Shortly after an enema was given; and on the patient drinking some milk emesis occurred, the face became pallid, and in a few minutes death ensued.

*Post mortem*, made by Dr. Wilberforce Aikins, twenty hours after death. No meningitis; marked fulness of cerebral vessels; large abscess in right temporo-sphenoidal lobe—right half of base of brain 4 inches wide, left 3. Floor of abscess lay directly on dura mater of petrous, which, with the underlying bone and rest of middle fossa was found to be normal, equally with that of left side. The abscess was  $2\frac{1}{2}$  inches in lateral diameters and 2 inches vertically, and was encased, save at bottom, by a thick sac. The contained pus was very fetid, greenish-yellow, and mucoid. Without the sac, *i.e.*, above and around the sides was a layer of lemon-colored sodden brain tissue, from  $\frac{1}{3}$  to  $\frac{1}{2}$  inch thick. There was an abnormal quantity of fluid in the ventricles. The rest of the brain was healthy.

*Remarks.*—Dr. Reeve said but for cases reported of cerebral abscess with sac at or within eight weeks after injury, he would have regarded this one as of much older date than that of the

first fall, from the double fact of the thick wall and mucoid pus; and therefore secondary to the otitis through the medium of the lymphatics and vessels. At any rate the *post mortem* showed what has been noted before, that in cases of one-sided chronic purulent otitis media, brain mischief, if not directly due to the otitis, preferentially occurs on the same side after traumatism, and that otitis renders the latter the more serious. It also confirms the insidious and treacherous nature of cerebral abscess as well as of chronic purulent otitis; and the need of caution in prognosis. An operation would have been practically useless in this case, which teaches the further moral that failure may be expected in some instances where symptoms alone would lead to the hope of success from trephining, drainage, etc. The temperature and pulse are not reliable guides.

He remarked further that the case was one of especial interest. Gull and Sutton were of opinion that the symptoms resulting in these cases are due to the inflammatory and other changes around the cyst wall.

Some discussion ensued as to the advisability of trephining in the above case.

Dr. Atherton gave the notes of a similar case in which an abscess had formed in the mastoid region, probably from a blow seventeen years previous. He had trephined with good results.

Dr. Oldright gave notes of a case in which abscess resulted from a gentleman being thrown out of a carriage upon his head. Death resulted in seven days. The autopsy revealed pus upon the inner surface of the dura mater and granulation tissue.

Dr. R. A. Reeve presented the abscess sac, the account of which is given above.

Dr. Machell related the following history of a case of

#### SCIRRHUS OF THE BREAST.

Mrs. W. sought advice on December 1st, about her left breast, which was tender, hardened, and considerably inflamed at the upper and inner part, the nipple being retracted. The age was 38 years, and she had six children, the eldest being eleven. With the first confinement, the left breast became inflamed, pus formed, and the breast was lanced in several

places. Since then she has been unable to nurse with it. Otherwise this breast had never caused her trouble, or been tender, except during two or three days subsequent to each confinement, until the present trouble began three weeks since. The family history was excellent. The acute pain in the breast began within the last few days. The retraction of the nipple dated back to the first confinement. The axillary glands were found slightly enlarged. The diagnosis was scirrhus cancer, and operation advised, which was performed on the 15th, with the assistance of Drs. Cameron and Aikins. Several small glands were removed from the axilla. The sutures were removed on the ninth day, and primary union was secured throughout. The specimen was presented.

#### MENINGOCELE.

Dr. Carveth presented a fœtus with a large meningocele attached to the occiput.

The following history of the case was given:

Mrs. S., aged 23, married 3 years, suffered from intense vaginismus until 9 months ago, which precluded the possibility of coitus. For this she had been treated by several physicians. A growth the size of a cherry was removed from the vagina 2½ years ago. A red, tender, irritable caruncle of the size of a wheat grain was again removed 1½ years later. Dilatation of the vagina with glass dilaters was next attempted, unsuccessfully. Chloroform was used as a last resort. Conception took place, but shortly afterwards a cystocele developed, and about the end of the 7th month premature labor came on. On vaginal examination, a soft mass was found presenting alongside the head, resembling the urinary bladder. On rupture of the membranes, a very large amount of liquor amnii escaped, but the tumor still remained. The mass proved a meningocele, and delivery was safely concluded. The patient made a good recovery, and the bladder gave no further trouble.

Dr. Atherton reported a similar case of meningocele. He had tapped the tumor ten times, but it refilled each time. The growth was finally protected by a leather cover, and the boy had grown up.

D. J. GIBB WISHART,

*Secretary.*



### Correspondence.

#### COCAINE SPRAY IN SPASMODIC AND INFLAMMATORY CROUP.

MR. EDITOR—Permit me to add another instance of the value of cocaine to the already large list of diseases in which its use is of such advantage. During the past two months a 4 per cent. solution, administered by means of a Millards' atomizer, has given me very much satisfaction in the treatment of spasmodic and inflammatory croup among children. Its sedative effects are immediate and gratifying, its astringent property is just what we desire, and its administration easier than that of any other remedy given in any way other than by spraying. In diphtheria the following was prescribed, with much local benefit: Sol. cocaine 4 per cent. ℥j, listerine ℥j. Use with atomizer every one, two, or three hours. Just at this time of the year it is hoped that this may be of some service to your many readers.

Yours, etc.,

J. E. WHITE.

### Book Notices.

The "*Don't Forget It Calendar*," 1888.

This is a most useful calendar for daily engagements, and a ready reference to the past; neat and useful. Price, 20 cents. New York: E. B. Treat, 771 Broadway.

*Sexual Impotence in the Male and Female.* By WILLIAM HAMMOND, M.D. Pp. 305. Detroit: George S. Davis.

*A Complete Handbook of Treatment*; arranged as an Alphabetical Index of Diseases. By WM. AITKEN, M.D., F.R.S. Edin. Edited with Notes and Additions by A. D. Rockwell, A.M., M.D. Pp. 444. New York: E. B. Treat, 771 Broadway.

*The Medical News' Visiting List, 1888.* Lea Brothers & Co., Philadelphia.

This list, which is arranged for thirty patients a week, is all that could be desired. The general plan is excellent. It contains a vast amount of useful information, especially for emergencies, and gives good tables of doses and therapeutics. Those who possess it might do

worse than study the introductory pages carefully while waiting for the os to dilate in labor, or during other moments of leisure.

*Text-Book of Therapeutics and Materia Medica.*

Intended for the use of Students and Practitioners. By ROBERT T. EDES, A.B., M.D. Philadelphia: Lea Brothers & Co., 1887.

This is a new work on therapeutics written especially for students who have not the time to master the larger works. The student will find within reasonable compass all that he requires in preparing for examinations. Dr. Edes was formerly Professor of Materia Medica and Jackson Professor of Clinical Medicine at Harvard University, and his experience as a teacher has enabled him to write a book that is "just what the student wants."

*Diseases of the Female Urethra and Bladder.*

By F. WINCKEL, M.D., of the Royal University, Munich; and

*Diseases of the Vagina.* By A. BREISKY, M.D.,

of the Royal University, Vienna. Edited by EGBERT H. GRANDIN, M.D., of New York.

These two treatises constitute Vol. X. of "*A Cyclopædia of Obstetrics and Gynecology*" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

Dr. Winckel first gives an interesting historical retrospect of his subject, and then goes on to describe the anatomy, and the methods of examining the female urethra and bladder. He then takes up malformations and diseases of the urethra, including abnormal positions, new growths, neuralgias, etc., after which he treats in the same systematic way, diseases of the bladder.

Dr. Breisky follows pretty much the same plan in describing the diseases of the vagina. Both treatises are excellent in all respects, and form valuable additions to this admirable cyclopædia.

*Diseases of the Hair and Scalp.* By GEORGE

T. JACKSON, M.D. Pp. 355. New York: E. B. Treat, 771 Broadway.

This work is the only one that we know of entirely devoted to the study of the special diseases of the hair and scalp, and the author is to be congratulated on the success of his endeavors. The subject is handled systematically and with great clearness. It is divided



into four parts, which embrace the whole subject; the first, describing fully the anatomy and physiology of the hair and hygiene of the scalp, embraces 63 pages; the second to essential diseases of the hair, included in 118 pages; the third, parasitic diseases of the hair, 75 pages; and fourth, diseases of the hair secondary to diseases of the skin; the whole supplemented by a complete bibliography and journal literature of 25 pages. The book is neatly gotten up, and the type-work good—a credit both to author and publisher. We can thoroughly recommend this work to the profession. It is just this class of publication that the busy practitioner requires for ready reference, where he can find the literature of the subject dealt with up to date.

*Manual of Clinical Diagnosis.* By Dr. OTTO SEIFERT, Weirzburg, and Dr. FRIEDRICK MÜLLER, Berlin. Third Edition Revised and Corrected by Dr. Friedrich Müller. Translated, with the permission of the authors, by William Buckingham Canfield, A.M., M.D.; with sixty illustrations. New York and London: G. P. Putnam's Sons; The Knickerbocker Press. 1887. Pp. 160.

This manual, in fourteen chapters, treats of the Blood, Temperature, Organs of Respiration, Sputum, Laryngoscopy, Circulatory System, the Pulse, Digestive and Abdominal Organs, Urine Producing System, Transudations and Exudations, Parasites, the Nervous System, Analysis of Pathological Concrements, Metabolism and Nutrition, Dose Table. Students and clinical clerks will find this little book a most valuable aid in their studies, and every student should buy it and carry it in his pocket for constant reference. It is one of the very best we have seen of its kind, short, concise, and to the point, and, as the translator says, "has been brought down to the latest acquisitions of science, thus representing the most advanced views."

*Differential Diagnosis. A Manual of Comparative Semeiology of the more important diseases.* By F. DE HAVILLAND HALL, M.D. Third American edition. Philadelphia: D. G. Buntton, Publishers.

This work is founded upon Dr. F. de Havilland Hall's synopsis of the diseases of the Larynx, Lungs and Heart. The American editor has

extended the plan adopted by Dr. Hall, so as to make it embrace all the more important diseases. In the revising of the work, the American editor has held specially in view (1) the early and often overlooked signs of the presence of disease; (2) the collection of whatever symptoms are alleged on good authority to be pathognomic of pathological conditions; (3) any peculiar features which diseases have been found to present in this country. Students will find this a very useful aid in the study of the diagnosis of disease. It is impossible to give in a book of a little over two hundred pages a complete treatise on this vast and important subject. It is marvellous how much has been crowded into so small a space. A good criterion by which to judge of the merits of a text-book is when one can readily find in it an answer to any question which may arise on the particular subject of which it treats. We have frequently so used the present work, and have found it a very good book of reference. We would especially recommend it to medical students.

*A Practical Treatise on Materia Medica and Therapeutics.* BY ROBERTS BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College, of Philadelphia, Physician to the Philadelphia Hospital, etc., etc. Sixth edition, revised and enlarged; 8 vols., cloth, pp. 802. D. Appleton & Co., New York, 1887.

Bartholow's work on therapeutics is eminently practical, and its deserved popularity is practically shown by the fact of six editions having been published within the short space of eleven years. On its first appearance it achieved a place in the front rank of American works on Therapeutics and Materia Medica, and every edition since has been kept abreast of the times by careful revision and the addition of all reliable advances and discoveries. Over one hundred pages have been added to the fifth edition, treating of the actions and uses of those new remedies that have stood the test of careful physiological study and clinical experience. Physiological action has, in the main, been the author's basis in discussing the therapeutical applications of remedies, though well-established empirical facts have nowhere been neglected throughout the work, which, in

our opinion, is one of the best published, both for students and practitioners. At the end of the volume is an excellent clinical index of twenty-eight pages, giving under each disease references to every reliable remedy that has been recommended; and making a valuable therapeutical concordance for the busy practitioner to consult.

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### Obituaries.

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#### DEATH OF DR. TREW.

The announcement of the death of Dr. C. N. Trew, of New Westminster, on the 27th of October last, was received with regret throughout this Province. Having been a resident of British Columbia since 1870, he had formed a large acquaintance. He formerly resided at Newcastle, Ont., where his relatives still live. He graduated from Victoria University in the year 1866, and became a member of the College of Physicians and Surgeons of Ontario in 1869. During the number of years resident here he became well known, and had many personal friends. He took a warm interest in all matters pertaining to the medical profession. After the passing of the Medical Act of 1886, he was elected vice-president, and in the spring of this year was elected president of the Council, which position he held at the time of his death. By his death the Medical Council and profession have lost an able officer and an earnest worker in the cause of medicine. For many years up to the time of his death he was surgeon of the Provincial Penitentiary and Jail, at New Westminster, and surgeon to the militia, to which he was an active member. At the last meeting of the Dominion Medical Association he was elected one of its vice-presidents.

G. L. M.

Victoria, B.C., Nov. 22nd, 1887.

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### Personal.

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Dr. Lorne Campbell has returned to Montreal, after an absence of several years in Europe.

Prof. Weichsbaum, of Vienna, has declined the chair of pathological anatomy in the Innsbruck University.

Professor Ramsay Wright attended the meeting of the American Society of Naturalists, held during Christmas week, at New Haven.

Dr. W. H. B. Aikins was married to Miss Augusta Wood, only daughter of Mrs. F. R. Eccles, of Ellwood Place, London, on Tuesday, December 27th.

\* Professor Osler, of Philadelphia, spent a portion of his Christmas holidays in Toronto. He visited the School of Science, where he remained a good portion of a day, examining the new apparatus, and discussing methods of teaching. He thinks the methods and appliances of the department of General Biology and Physiology in the University of Toronto, are unsurpassed for teaching purposes on this continent or in any part of the world.

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### Miscellaneous.

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BETTER WAIT AWHILE.—Patient: "What would you think of a warmer climate for me, doctor?" "Good Lord, man, that's just what I'm trying to save you from!"

Lawyer (in hoarse whisper): "Doctor, I've such a cold this morning that I can't speak the truth." Doctor (sympathetically): "I'm glad it isn't anything to interfere with your business."—*Boston Herald*.

Physician (to anxious wife): "We have held a consultation, madam, over your husband's case; he is a very sick man, and it might be well to send for a minister, I think." Anxious wife: "Will one be enough, doctor, or would you advise a consultation of ministers."—*Life*.

A LESSON IN PHYSIOLOGY.—A pupil in one of the public schools of the city complied recently in the following manner with a request to write a composition on the subject of a physiological lecture to which the school had just listened:—"The human body is made up of the head, the thorax and the abdomen. The head contains the brains, when there is any. The thorax contains the heart and the lungs. The abdomen contains the bowels of which there are five, A, E, I, O and U, and sometimes W and Y."—*From the Philadelphia Item*.



There is a milkman at Brixton who has a ready wit that a lawyer might envy. One of his customers caught him watering his milk at the horse-trough the other day. "What!" said the customer, in a rage, "isn't it enough that your milk is full of typhoid without you going and watering it?" The milkman turned round, and, smiling compassionately, said to two or three bystanders: "What can you do with a man like this? He actually wants his typhoid straight."—*Journal of Reconstructives.*

THE J. P. BUSH MANUFACTURING CO.—Dear Sirs: A microscopic examination of Bovinine reveals the presence of large quantities of red and white blood corpuscles; also minute fat globules and crystals of Leucine and Tyrosine. No fibrin or bacteria present. The blood corpuscles are practically unchanged, the red cells being simply decolorized, due to their suspension in a watery medium. Culture tubes of nutrient jelly, agar agar, and peptone broth, inoculated with Bovinine, and kept in an incubator for a week, failed to develop any bacteria. Respectfully yours, W. M. GRAY, M.D., Microscopist to Army Medical Museum.

One or two drops of Bovinine placed in a test tube with 10 c. c. of water, heated, and a drop or two of nitric acid added, reveals the presence of large quantities of Albumen.

W. M. G.

DANGEROUS EFFECT OF LAUGHING GAS.—Two ladies, both prominent in the most refined, religious and social circles to be found in Kentucky, and reside not a hundred miles from Stanford. One, whom we will call Mrs. A., was a modest matron, and desiring to have several teeth extracted, called upon her neighbor Mrs. B. to accompany her to the office of the dentist and help her to get her courage up. Reaching the office presently it was found that Mrs. A.'s courage was at a very low ebb, and she was persuaded to test the efficacy of "laughing gas." The dentist "had given it to scores of patients; there was not the slightest danger," and he assured Mrs. A. that she would recover from the effects of the gas in a little while, and would suffer no pain whatever. With nerves wrought up to the highest tension

Mrs. A. took the chair, and the dentist began to administer the gas, the effect of which was somewhat startling to him and absolutely horrifying to Mrs. B.

The patient was getting well "under the influence" when the following dialogue occurred:

Mrs. A.—"Is everything ready?"

Mrs. B.—"Yes, everything is all right."

Mrs. A.—"Has the doctor come?"

Mrs. B.—"Yes, the doctor is here."

(Here the doctor gets his nippers on a decayed molar, and after a few twists and jerks lifts it out.)

"Mrs. A.—"O, my; nobody ever suffered such pains, doctor. Doctor! will it kill me?"

Doctor—"O, no, madame. It will soon be over," as he drops another tooth on the floor.

Mrs. A.—"Where is papa?"

At this point Mrs. B.'s veil is drawn fourteen double over her face, and the dentist's face turns as red as a beet, as he drops out the last ugly tooth and sprinkles a little water in the lady's face.

In a greatly relieved voice Mrs. A., still laboring under the delusion, asks: "Is it a boy or girl?"

The last query utterly paralysed the doctor, who made a break for another room, leaving the ladies alone."—*Leavenworth Sun.*

TERRIBLE MISTAKE.—"Man Peter," said a Scotch quack doctor to his apprentice, "ye maun aye be awfu' cautious in pharmacy. Even I ance made a terrible mistake.' I was attending Mrs. Kittlebody, wha was sair fashed wi' tickdolaroo, an' I was called upon by John M'Fikeit, wha's croon was sae thin o' hair—as weel as sense—that he was ashamed o't, especially as he was coortin' a strappin' young widow that had a fine public hoose; an' I mixed up baith potions at the same time, an' losh sake, man, I happened tae gie them ilk ither's medicine! So puir John rubbin' Mrs. Kittlebody's preparation for her tickdolaroo on the tap o' his head, declares he's had a bee in his bonnet ever since; an' Mrs. Kittlebody rubbed her jaws wi' the ointment intended for John's bald pow, in less than a fortnicht had a pair o' whiskers the envy o' a' the young men o' the village."



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, FEBRUARY, 1888.

## Original Communications.

### THE PRESENT STATE OF CARDIAC THERAPEUTICS.

BY JAMES STEWART, M.D.,

Professor of Pharmacology and Therapeutics, McGill  
University.

(The Address on Therapeutics at the Twentieth Annual  
Meeting of the Canadian Medical Association.  
Hamilton, Sept. 1, 1887.)

The subject of cardiac therapeutics is one of great importance—of much more importance than is generally conceded to it by the ordinary text-books. During the past year or two quite a revolution has come over our ways of looking into the future physical life of patients suffering from any of the forms of organic heart disease. In fact, as yet, these views to which I refer have not by any means become general. These changes of opinion are of such paramount importance to the well-being and happiness of those committed to our care, that it is the bounden duty of every practitioner to study them seriously. The changes to which I refer consist in the much more favorable prognosis that is admissible in the great majority of cases.

Last year, at the meeting of the British Medical Association at Brighton, Sir Andrew Clarke created what almost be called a sensation by giving the life history of a very large number of cases of organic disease of the heart which he had the opportunity of observing for very many years. The point made by Sir Andrew was

this: that patients with organic heart disease lived much longer than they were supposed to do, and that the great majority of them were not only able to live, but also to work—to live with comfort and work with vigor.

No doubt a number of observers had pointed out before that cases of organic disease of the heart do frequently present themselves where the lesion had been in existence during a long lifetime without the patient's knowledge that there was anything seriously wrong. There is an important therapeutic lesson to be gathered from the history of a case of a man with one or more seriously damaged heart valves, who has led a long and active life, throughout which he has been unconscious of anything wrong. Such a case teaches us the clinical history of the course of the disease uninfluenced by treatment and uninfluenced by the mental worry necessarily present where there is a consciousness of the presence of a grave organic lesion.

In dealing with this subject, I will first refer to the means that should be employed when we have to do with an acute inflammatory process in the endocardium, and (2) the treatment of the consequences that result from any chronic condition or state that gives rise to secondary changes (mechanical) in the heart; or, in other words, the treatment of threatened or actual loss of compensation.

Given a case of acute endocardial inflammation of, say, the aortic valves, which leads to deformity and, consequently, to incompetency of these valves, what are we to do to limit the extent and, consequently, the hurtfulness of

such a lesion? What, in other words, can be done to prevent the connective tissue formation assuming a great degree?

There is one great principle in the treatment of inflammatory affections which we must endeavor to carry out here, and that is

#### REST.

Rest to the inflamed valves. Complete rest is, of course, impossible, but relative rest is to some extent obtainable. By giving the valves less to do, we in a measure limit the extent and degree of the inflammatory process going on in them. The lower the blood pressure is, the less work will the valves have to do. The treatment, then, consists in those measures which lower or depress the blood pressure. The first important point to attend to is absolute rest in bed. It is not necessary to insist on the importance of this—it is self-evident. We, however, may have a high blood pressure in spite of bodily quiet. The amount of fluid taken in should be limited, for it is a well recognized physiological fact that a *dry diet* is the most efficient means of lowering blood-pressure. This has been conclusively proved by Kussmaul and Tenner's experiments. Of drugs, we have a number that markedly lower the blood-pressure, prominent among which are chloral and the nitrites. The judicious use of chloral in cases of endocarditis is, according to Fothergill, a very efficient way of limiting the sclerotic process. In the nature of things it is impossible to estimate the value of this treatment in any individual case. It can only be expected that at best we can limit the diseased process, and to what extent this is accomplished in any case it is impossible to tell. No doubt blood-letting is a powerful way of lowering the blood-pressure, but its action is very temporary, and therefore not nearly so efficient as a strict adherence to a dry diet. On physiological grounds I should judge that the employment of frequent blistering over the cardiac region is injurious. At best, the action of blisters on the inflammatory process is very doubtful, and we know that such strong irritation of the skin does, reflexly, tend to keep up a high blood-pressure. The trifling amount of serum drained from the tissues may be eliminated.

#### THE TREATMENT OF CARDIAC DISEASE DURING THE PERIOD OF COMPENSATION.

When from any cause we have an obstruction to the outflow of blood from the heart, there is a damming up of the blood in the lesser circulation, which soon leads to changes in the vessels and in the heart itself. The changes in the vessels are obviated for the most part by the secondary compensatory changes in the heart. Compensation can never be perfect, still it is so perfect frequently that the patient is quite unconscious for many years of any circulatory disturbance or trouble whatever. We may say, that practically we do meet with perfect compensation. As long as the heart is able to overcome the mechanical obstructions heaped up by disease, then so long will the patient remain well. In other words, while compensation is good all is well.

The treatment is now directed to the maintenance of this compensation. Sooner or later in many cases it shows signs of failing, the earliest indication being usually shortness of breath. What can we do to prevent compensation from failing, and when it threatens or has actually set in, what measures should we employ? The answers to these questions are all important.

Given a case of acute rheumatism, where there develops during its course an acute aortic valvulitis, with subsequent sufficient compensation to enable the patient to attend to the ordinary duties of life, what advice are we to give? How should the patient live in order that he may keep up his cardiac compensation?

There are certain general therapeutic principles which it is important to bear in mind in all cases, no matter what the cause of the circulatory disturbance is. The first is the strengthening of the heart-muscle. It is important to remember that the heart is a muscle, and that its strength is increased by all those influences which increase other muscles. The usual advice given to patients affected with heart disease is to rest as much as possible, so as to leave but as little work as possible for the heart to do. Recently Oertel, of Munich, has practised an entirely different method of dealing with these cases. His method of treating these



cases is just now, in Germany, attracting very marked attention, and are very favorably received. Leyden, at the late meeting of the Society of Physicians, considered Oertel's treatment as a distinct advance, and as involving a distinct therapeutic principle. I will endeavor, briefly, to lay before you Oertel's method of keeping up compensation or of averting its loss when thus threatened. He maintains that exercise is the means we have of strengthening the heart-muscle. He advises walking—at first on the level ground and afterwards hill climbing. He counsels his patients to take as much exercise as possible. The patient should walk until violent palpitation is brought on, and then he is required to stand still till it has abated, and until the shortness of breath is satisfied by voluntary, long, deep inspirations. He keeps not only patients with sufficient compensation, but those with insufficient compensation, at this exercise, and repeats it after longer or shorter intervals of time, according to necessity.

A second condition that he lays stress on is the keeping up of a good state of nutrition by a diet rich in albumen, so that the tissues during work may be replaced, and that sufficient material may be furnished for the formation of new tissue elements, especially for the muscular hypertrophy. The food, then, should be one especially rich in nitrogenous elements—a meat diet in the main, the fat and carbohydrates being only allowed in limited quantities.

Oertel further strongly insists on the regulation of the amount of fluid. When there is excess of fluid, then we are apt to have blood stasis with all its consequences; the veins become overfilled and the arteries less full. The deleterious influence of this stasis is especially noticeable in the heart itself from overfilling of the coronary veins, the heart-muscle in consequence directly suffering. If there is an excess of fluid in the body already, then it should be got rid of. The skin should be made to act freely, and one of the best means we have for this purpose is exercise. It is only when diaphoresis is not obtainable by exercise that we should resort to other measures, as hot-air baths, Turkish baths, and pilocarpine. The importance of regulating the body fluid is at once apparent when we remember that the venous system is always over-

full; no matter how perfect a compensation may be, it is never sufficient to maintain the normal relations between the arterial and venous systems. Oertel lays great stress on the importance of preventing fat formation, especially in cases after the restoration of a previous loss of compensation. Owing to the incomplete filling of the arteries and the over-fulness of the veins there is of necessity incomplete oxidation, which leads to the deposition of fat. This is especially marked in those who are prone to put on fat and those who partake freely of carbohydrates. The heart suffers directly as well as indirectly. Owing to the coronary arteries being insufficiently filled, and owing to the lack of oxygen, the heart fails to perform its work efficiently, and in consequence we have fatty degeneration of its fibres in addition to fatty deposition on its surface and fatty intermuscular infiltration. This further enfeebles its action. It follows, therefore, that we should constantly guard against all those influences which tend to bring about this enfeebling power. The combustion of fat already in the body must be promoted, and the supply of fat and carbohydrates in the food must be as small as possible.

Now the means best adapted to promote the combustion of fat are those which I have already alluded to for strengthening the heart-muscles and regulating the quantity of fluid in the body. In addition to ordinary exercise, Oertel recommends the undertaking two or three times a year of mountain tours. This difficult exercise, with the increased sweating attending on it, the diminution of the fluid supply and the use of a more albuminous diet will soon reduce any fat which has accumulated. The increased vigor in consequence given to the heart and the removal of obstruction to its work will soon show itself in the restoration of compensation, and by careful living afterwards, according to the plan sketched, it is possible, so it is claimed, for a patient to maintain his original state (dating from the early compensation) for very many years.

Such, in brief, is the method proposed and successfully practised by Oertel in the management of the retention of compensation and its restoration when lost. I freely admit that I have given but a very imperfect outline of it.



The subject is one of such importance that to do it full justice it would require a treatise. Great credit is due to Oertel for the elaborate, scientific, and very painstaking manner in which he has worked out this whole subject. In his work he gives the history of a case that he carefully treated and closely observed for nine years.

Many years ago, Stokes of Dublin recommended a somewhat similar treatment, but in spite of its great advocacy it fell into disuse, even if it was ever practised to any extent.

At the recent meeting of German physicians a paper was read by Franz with the title of "Rest or Work in Heart Disease." From an extensive experience he has come to the conclusion that in chronic cases active but careful exercise is conducive to the strengthening and slowing of the heart's action. He pointed how damaging it is to the circulation to have a dilated heart beating quickly and incompletely. The stretched ventricle is never completely empty, so that finally it loses its elasticity, and owing to its almost constant working it soon degenerates. Now here, if we bring about a complete emptying, we give the ventricle rest, and, in consequence, strength. Franz claims that this can be completely and efficiently effected by exercise—more completely and efficiently than by any other known means. We have, he says, in exercise a means more powerful and safer than digitalis. He further claims that the improvement is more lasting than that effected by other means—that the work of the heart is lessened by the disappearance of the stasis in the venous system, and the nutrition of the heart is vastly improved through the deeper inspirations making the blood richer in oxygen. He advises that in cases where there is good compensation already, that in order to maintain it ordinary gymnastics are sufficient. He lays great stress, however, on the possibility, even probability, of this being overdone, and he insists that every exertion should be followed by a period of rest. Where compensation is, however, lost, the greatest care must be exercised before beginning active exercise; the nature and the amount should be strictly laid down. Before beginning mountain climbing, baths, with a course of Swedish gymnastics, are advisable.

Franz believes that there is no danger whatever in patients with heart disease exercising, so long as the palpitation induced by this work is quickly relieved by taking forced deep inspirations. The deep inspirations diminishes quickly the increased tension that is brought about in the pulmonary vessels.

Schott, of Nauheim, who took part in the discussion which followed Franz's paper, contended that mountain climbing was only used in a small number of cases, and that he had seen much harm follow its practice. He, however, strongly approves of exercise in a gentle way for the heart-muscle. He therefore, although opposed to the extreme views of Oertel, is satisfied that much good can be effected in those cases with exercise when practised judiciously. Both he and Franz have seen a number of cases where mountain climbing has done irreparable damage to the already overtaxed heart, when practised by the patients without first consulting a physician.

It will be seen that we have the evidence of several competent authorities that in exercise we have a ready and all-powerful means of effecting good when used properly, but an agent powerful for evil when injudiciously employed. Time alone will enable us, however, to determine to what extent we can rely on this method of obviating the effects of a damaged compensation. It is a subject of deep and far-reaching importance, and will require time, patience, and sound physiological knowledge to determine when it should be recommended, or whether it should be recommended at all or not.

It is no doubt more adapted for cases of commencing fatty heart and for cases of threatened heart failure from deformity of the chest or disease of the lungs. That it is applicable for cases of threatened heart failure, no matter what the cause may be, is contended for by its great promoter—Oertel. It will make us all think a little more in the future when we are face to face with the question. Exercise or Rest, which is it to be?

There is a time in cases of loss of compensation that exercise is no longer possible, and where we have to resort to medicinal agents. Of all these agents, none, on the whole, is com-

parable to digitalis. The usefulness of digitalis in cases of heart failure is great indeed. I would not occupy the time of this Association in entering into any details as to its mode of action and employment were I not firmly convinced that there is a very imperfect knowledge among many practitioners of how and when digitalis should be used. How universal is the practice to give this agent when a cardiac lesion is diagnosed without any reference to the nature and attending consequences of such a lesion. The great use of digitalis is in cases where there is commencing or even very advanced loss of compensation. When compensation fails we have stasis, as evidenced by breathlessness, quickened pulse, œdema of the ankles, diminished secretion of urine. The first marked effect of heart failure is diminution in the aortic pressure, as shown in the diminution in the amount of urine excreted.

The essential therapeutic action of digitalis consists in its power of raising the blood-pressure. The slowing of the pulse, upon which so much stress is laid, is, according to Schmiedeberg, a result of the high pressure. The results and symptoms of loss of compensation in cardiac disease are mainly, as I have said, due to deficiency of blood in the arterial vessels, and to a too low a pressure in them. If the blood-pressure be raised, the secretion of urine increases, the effused fluids are absorbed from the cavities and tissues of the body, and the respiratory distress disappears. So long as digitalis causes an increase in the quantity of urine, so long is it safe to proceed with its administration. We know that digitalis has no influence in increasing the quantity of urine in health or in disease where the blood-pressure is high. Its diuretic action is entirely dependent on its power of raising an abnormally low blood-pressure. In order to bring about the diuretic effect of digitalis it is necessary to give it in full doses. The effect of small or even moderate doses is to increase the general pressure, including the pressure in the arterioles of the kidneys. While the pressure throughout is high, there is no diuretic action manifest. After a certain quantity has been administered, the increased pressure in the kidneys gives way, with the result of a rapid and often great increase in the quantity of

urine. The increased diuresis may continue several days. If the drug is still continued, there is general fall in the blood-pressure, and in consequence the diuretic action soon ceases. When the urine, after being increased in quantity by digitalis, considerably diminishes, then the drug should be at once withdrawn. This decrease is a warning which should never be neglected. If it is, the ventricular contractions become weaker and weaker, until finally we hear a "toneless tictac." When this stage is reached, it requires but little more digitalis to bring about a stand-still of the heart in contraction. Up to the production of decrease in the quantity of urine, nothing but good is observable.

Now as to the quantity of digitalis necessary to bring about diuresis there is great variation. Different persons vary greatly as to their susceptibility to its action. Forty minims of the tincture four times daily for three days will in the great majority of cases bring about this diminution. Sometimes it is necessary to give as much as half an ounce daily in divided doses before the result is attained. Cases of dangerous heart failure should always be treated according to the method sketched. It is very unscientific to expect the best results from any other way. No doubt 10 or 15 minims of the tincture several times daily will to some extent relieve an overtaxed ventricle; even rest in bed without any medication will at times prolong life; but the best results are only obtainable when absolute rest in bed is combined with digitalis in full doses.

There is a large group of agents which belong to the digitalin group which have lately attracted a great deal of attention. There is Scillain, which is the active principle of squills; Helleborein, which occurs in the various species of hellebore; Oleandrin, found in conjunction with digitalin in the common oleander; there is Apocynin, contained in Canadian hemp; Adonidin, found in the spring adonis; Convallamarin, in the lily of the valley; and lastly, Strophantin. Now all these agents possess in common the property of slowing the heart and increasing the blood pressure. Squills has been used empirically for a long time as a diuretic and heart tonic. It enters into the composition of the still famous Baly pill, the other ingredients



being digitalis and mercury. This is a remarkable combination, built entirely on empiricism long before the science of pharmacology was even dreamt of. We have here a combination containing two heart tonics, digitalis and squills, and a direct diuretic, mercury. It is only a very recent discovery that mercurials, especially calomel, have a direct diuretic action. It is a proof, if one were needed, how foolish it is to neglect the laborious acquired knowledge of our forefathers, call it empiricism if we like. Of the other agents mentioned, only strophantin and adonidin need be referred to; the remainder we know little or nothing outside of the laboratory.

Strophantin, introduced by Professor Fraser, of Edinburgh, has now been in use about two years, and although all the reports are not confirmatory of a very marked tonic action, still we have sufficient evidence to enable us to say that it is a very valuable addition to the list of cardiac tonics. It has been found well adapted for cases of cardiac failure depending on valvular disease. Pins, of Vienna, who has given us a report of its action, claims a high place for it, even suggesting the probability of its displacing digitalis. He found the weak, rapid and irregular pulse of mitral disease become slow and powerful. It acted as a prompt diuretic, being quicker in its action than digitalis. It is worthy of a thorough test: but, as yet, we are not sufficiently acquainted with its mode of action to determine the exact place it will hold in cardiac therapeutics.

A few cases have been reported where adonidine has had a very marked action in toning up a failing heart, even when digitalis is alleged to have failed; but in all the reports that I have examined, the digitalis was not administered with that freedom that is necessary in order to obtain its full effects. Still there is sufficient evidence to prove that in adonidine we have a very powerful cardiac tonic and vascular diuretic.

I will now conclude what I have to say by a few words on

#### CAFFEINE IN CARDIAC THERAPEUTICS.

This is a most valuable agent, and deserves a much more extended use than it has up to the present time received. In order, however, to

obtain its full action, it is necessary to give it in much larger doses than is usually prescribed, 10 to 15 grs. in place of 2 or 3. The best salt to prescribe is the natrio-salicylate of caffeine. The sodium salicylate dissolves it in chemically equivalent quantities, so that the natrio-salicylate of caffeine contains 50 per cent. of caffeine.

Caffeine quickly raises the blood pressure by a direct action on the vaso-motor centre. It has also a direct diuretic action. This, I think, has been conclusively proved by the very recent researches of Von Schröder of Strassburg. He has shown that it has a direct stimulating influence on the epithelium of the convoluted tubules, and probably also on the epithelium of the glomeruli. It is on this direct diuretic action that the advantages of caffeine depend. Digitalis only acts as diuretic through increasing the blood pressure, and on this account it takes from three to four days before its action is manifest. Caffeine, on the other hand, will induce a diuresis within six hours. In cases of paresis of the cardiac muscle, time is all important; before the action of digitalis can be induced precious time is lost. This is the great drawback to the use of digitalis—*i.e.*, time consumed before its action is manifest. Our present knowledge of caffeine may be summed up as follows: It is of marked use in the same class of cases as digitalis. It differs, however, from this drug in the following particulars: it is less powerful as a cardiac tonic, but is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure. By combining the power of digitalis with the rapidity of action of caffeine, we may obtain the advantages of both drugs, with little of the disadvantages of either.

There are many more therapeutic resources at our command besides those mentioned. Time will prevent me from referring to them. The wonderful powers of arsenic in painful conditions of the heart, the use of opium alone or with digitalis, the marked beneficial actions of the nitrites, etc., are all means at our command of relieving some of the most distressing symptoms that afflict mankind. Much as we can do at present, there is every reason to hope that in the near future we will be able to do much more.



## THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

HISTORY AND LITERATURE.

(Continued from page 6.)

In August last, Dr. Apostoli read a paper before the British Medical Association, and in September, at the International Medical Congress at Washington. At the former meeting he presented complete statistics of all the cases of uterine disease treated by him by electricity during the five years ending July, 1887.

From July, 1882, to July, 1887, there were 278 patients with fibromata or hypertrophy of the uterus in some manifest degree, upon whom he used 4,246 applications of the continued current of electricity. The patients and the operations may be thus classified:

I. *Clinique*, 186 patients, and 2,347 operations: *a*, 1,433 galvano-cauterisations—positive, intra-uterine; *b*, 593 galvano-cauterisations—negative, intra-uterine; *c*, 321 galvano-punctures—negative, vaginal. II. Private, 92 patients, and 1,899 operations: *a*, 1,085 galvano-cauterisations—positive, intra-uterine; *b*, 746 galvano-cauterisations—negative, intra-uterine; *c*, 68 galvano-punctures—negative, vaginal.

He says: "I do not wish to convey the impression that all these patients have been cured. It is not so, for the very good reason that some of them, especially those of the *clinique*, have not persevered to the end, the attendance having been discontinued as soon as the first feelings of amendment have been experienced. But I can affirm that when there has been no negligence, and my advice has been fully acted upon, 95 times out of 100 permanent benefit has been acknowledged. I may also predict that if adopted in its integrity, and worked as it ought to be, the mortality from my treatment will henceforward be *nothing*. I cannot, however, omit to report a fact which gives occasion for melancholy comparison. Among the patients who had not the will to let me finish what I had begun, and whose impatience led them

voluntarily to seek the removal of their tumors by excision, seven put themselves into the hands of six of our most eminent surgeons, and not one of the seven recovered from the operation. Comment on this would be superfluous."

At the Medical Congress at Washington, Dr. F. H. Martin, of Chicago, read a paper before the Gynecological Section on "A Modification of Apostoli's Method," in which he describes a method of treatment of fibroid tumors by strong currents of electricity based upon exact dosage. This system of exact dosage, introduced and carried out by Dr. Martin, is quite simple, and, to my mind, is also eminently philosophical. This system will be described in the proper place later on.

### METHODS OF APPLICATION.

As I approach this branch of the subject from an electrical, rather than from a pathological or gynecological standpoint, I will classify the different methods of applying the galvanic current in accordance therewith. All electrical applications in gynecological surgery may be classified under two general headings, namely: (1) The polar method, and (2) The inter-polar method.

In the polar method, the bare metal electrode is brought directly in contact with the part, either through the natural uterine canal, or through an artificial canal made for the purpose, or—as in the case of simple chronic uterine hyperplasia—by means of electrolytic needles inserted into the cervix. In the inter-polar method the current is applied indirectly by means of a covered electrode applied to the cervix and vaginal *cul de sac*. The inter-polar method is adopted in those cases only where the polar method is not considered safe or not practical, as for instance in the treatment of cases of extra uterine foetation, and in cases where the galvanic current is used for the purpose of removing pelvic neoplasms. In the treatment of uterine tumors or uterine hypertrophy the polar method is used.

1. THE POLAR METHOD. The polar method is divided as follows, viz.: (*A*) the positive polar method, and (*B*) the negative polar method. The positive polar method is adapted to the treatment of bleeding fibroma, while the nega

tive polar method is adapted to cases that are non-hemorrhagic.\*

In the polar method, two separate and distinct ideas are kept in view, namely, the concentration of the current by means of the small internal metallic electrode, and the diffusion of the current by the large non-metallic external electrode. The internal electrode is called the *active* electrode, and the external electrode the *indifferent* electrode. Ordinary sponge electrodes upon the abdomen are of little service in uterine electrolysis. They weaken the strength of the current on account of their high resistance, and they render a comparatively weak current painful at the external pole for want of proper diffusion. Apostoli conceived the happy idea of making the external or indifferent electrode very large, and making it a very good conductor. In using a large and well constructed electrode two important points are gained, namely: the application is rendered comparatively painless, and the administration of the strongest currents that could ever be required is rendered possible and practical, and that, too, with a comparatively small battery power. It is, perhaps, almost unnecessary to add that when pain accompanies this electrolytic treatment, the pain is felt in the cutaneous nerves, beneath the external electrode. The mucous lining of the uterine canal is not sensitive; hence, the active internal electrode causes little or no pain. For an abdominal electrode, Apostoli uses a large flat cake of wetpo tters' clay, in which a metal plate is imbedded for making the connection with the rheophore and battery.

This electrode answers the purpose, but it is awkward to manage, and it is not very tidy withal. Englemann, of St. Louis, uses a large zinc plate covered with absorbent cotton and chamois leather; while Martin, of Chicago, uses the animal membrane electrode, referred to in THE PRACTITIONER for December.

Martin's electrode is about eight inches in diameter, concavo-convex, plated metal, and enclosed with parchment. The shallow space between the metal and the parchment is filled

with a solution of table salt. With one of Martin's large electrodes upon the abdomen, and with a platinum electrode two inches in length in the uterine cavity, I found that the resistance between the electrodes could be reduced to 133 ohms,

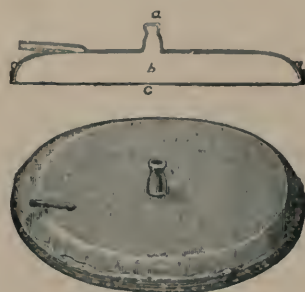


FIG. 3.—MARTIN'S LARGE ABDOMINAL ELECTRODE.

which is very low indeed. This was a case of hemorrhagic fibroma under the care of Dr. Jukes Johnson and Dr. Atherton, of Toronto, and we found that with 13 cells of the improved McIntosh battery, a current of 95 milliamperes was obtained.

The uterine electrode used was also one devised by Dr. Martin. It is very pliable. The exposed metal, two inches long, is a spiral platinum wire. The connecting wire is well insulated. The distal end extends beyond the platinum coil and is also insulated. The insulating material is made tapering at the point so as to facilitate its passage through a narrow and tortuous canal.



FIG. 4.—MARTIN'S INTRA-UTERINE ELECTRODE.

(A.) THE POSITIVE POLAR METHOD. In the positive polar method the positive pole is applied to the uterus and the negative to the abdomen. When pliable electrodes are used there is usually no difficulty in passing the same into the cavity of the uterus. The applications are made two or three times a week; and they are made, preferably, during the intermenstrual period. The *séance* lasts from five to ten minutes. The hemorrhage is usually arrested by three or four applications of the positive pole. In the treatment of the hemorrhagic form of uterine myomata the galvanic current has been proven to be singularly efficacious;

\* In the nomenclature of Apostoli, these applications are called respectively "galvano-cauterizations, positive," and "galvano-cauterizations, negative."



and it is here perhaps that it has secured its greatest triumph. The positive pole is a true hemostatic, when the current is applied sufficiently strong, and when it is applied by the polar method; that is, when the metal electrode connected with the positive pole of the battery, and conveying a strong current, is in direct contact with the hemorrhagic surface. The positive pole may also be used for arresting leucorrhœal discharge. From 50 to 150 milliampères are used, either for hemorrhage or for leucorrhœa.

When the hemorrhage (or leucorrhœa) is arrested, the treatment is changed, and the negative polar method is substituted for the positive polar method. The positive polar method is also used for the relief of pain. When used for this purpose, a current of from 20 to 80 milliampères is used.

(B.) THE NEGATIVE POLAR METHOD.—As is well known, when electrolytic action takes place in soft animal tissue, chemical decomposition takes place, the oxygen and acids appearing at the positive pole, and the hydrogen and the alkalis at the negative pole. If the current is concentrated at each pole by means of an electrolytic needle, coagulation of the fluids and oxidation of the needle takes place at the positive pole, while disintegration of the tissue and loosening of the needle occurs at the negative pole. The simultaneous disintegration of tissue and the liberation of the alkalis, saponifies the broken down debris and favors its absorption at the negative pole. The positive pole has some catalytic action, but in this respect it is much inferior to the negative pole.\* The negative polar method is used as follows: (a) by means of a sound or intra-uterine electrode, (b) by galvano-puncture, (c) by the use of electrolytic needles.†

(a) When the tumor can be reached through the uterine canal the *intra-uterine electrode* is used, and from 100 to 250 milliampères of the

galvanic current applied for eight or ten minutes, the electrode being connected with the negative pole of the battery. The applications are made two or three times a week, the same as when the positive pole is used. The large abdominal electrode is connected with the positive pole of the battery.

(b) *Galvano-puncture*. Galvano, or electro-puncture is resorted to by Apostoli, firstly, in cases where it is difficult or impossible to use the sound or intra-uterine electrode; and secondly, in all cases where more decided electrolytic action is required than can be attained by the intra-uterine method. The tumor is punctured, per vaginam, by means of a trochar or large needle to the depth of one or two inches, and the trochar or needle is connected with the negative pole of the battery. In making the puncture the tumor is fixed, either by pressure from above or by traction from below. The puncture is usually made in the cervix, and a different point selected for each successive puncture. A current strength of from 80 to 250 milliampères, six or eight minutes, is used according to the effect desired and the tolerance of the patient. When the weaker currents are used the electro-puncture may be made every second day, and when the stronger currents are used the sitting is made every four or five days. Antisepsis is more important in this mode of treatment than where punctures are not made. The dispersing abdominal electrode is connected with the positive rheophore of the battery.

(c) *Electrolytic needles* may be used instead of the trocar, or stylet, in treating uterine fibroids, but the needles are used more particularly in treating cases of uterine hyperplasia. Three or four needles are inserted into the cervix, around the os, and parallel to the canal. These needles are threaded with copper or silver wire, and connected with the negative insulated rheophore; 50 to 150 milliampères are used for about six minutes every four or five days. The indifferent abdominal electrode forms the positive pole.

\* The inter-polar action of the galvanic current is not to be overlooked, as it undoubtedly plays an important role in the phenomena of electrolysis.

† The polar method is also used to relieve cases of atresia and stenosis of the cervical canal. The treatment is similar to that of cases of stricture of the urethra.

2. THE INTER-POLAR METHOD.—In the inter-polar method both electrodes are covered. One electrode may be placed upon the abdomen and the other against the cervix, or both electrodes



may be placed upon the abdomen—one on each side of the tumor. This method is much inferior to the more active polar method, and is resorted to in those cases only where a direct application is impossible. This was the popular method of using the galvanic current previous to the introduction of the method of Apostoli. When both electrodes are used upon the abdomen, covered electrodes are used, the positive being of medium size and the negative rather small. The latter is the active pole, and the former the indifferent pole. The negative electrode is placed over the most superficial part of the neoplasm. When one of the electrodes is used internally, a ball electrode with an insulated handle is used. The electrode is about one inch in diameter, and is covered with absorbent cotton and incased in cotton flannel or chamois skin. A fresh covering is used for each application, and the electrode is used antiseptically. The internal electrode is placed against the cervix in the anterior vaginal *cul de sac*. The large abdominal electrode is connected with the positive pole, and the vaginal electrode with the negative pole of the battery. A current of from 30 to 100 milliampères is used for eight to ten minutes two or three times a week.

The inter-polar method is also used, and used very effectively too for the relief of uterine or pelvic pain. In this case the covered vaginal electrode is connected with the positive pole of the battery. A current of from 20 to 60 or 70 milliampères are used.

*(To be continued.)*

## ON SOME OF THE SURGEONS OF THE LAST CENTURY.

BY JOHN H. PACKARD, M.D., PHILADELPHIA.

(Read before the Meeting of the Ontario Medical Association, June 8.)

A recent writer has said that among the commonest tricks played upon us by the association of ideas, is that which leads us to assume that ancient times were populated by ancient people. And among the earliest terms of disparagement which children are apt to hear, as applied to men and things, is the word "old-fashioned." This conveys the impression

of slow, awkward and feeble mental and physical action, such as generally characterizes the old, and which the observant eye of childhood is quick to note with impatience.

A superficial acquaintance with the writings of the surgeons of former days—say of the last century—is very apt to give the idea that they were grave and formal men, slow of speech, uncouth in dress, and awkward in action. Many of the portraits and other illustrations found in their works would confirm this view. We read their text, with its curious type, its quaint diction and roundabout phrases, its antiquated spelling, and it seems to us that their manners must have been as set and precise, their movements as slow, and their very thoughts as dull, as their pages look when contrasted with those of modern books. We imagine the old-school physician or surgeon as having a gravity, a stately politeness, incompatible with quick and dexterous movement. When he travelled, he went on horseback, in a chair, a chariot, or a stage-coach, taking two days for a journey which we now make in two hours. The presses on which his works were printed would bear just about the same relation, as to rapidity, with those which are now teeming with the multitudinous literature of the present day.

Let it not be forgotten, however, that in those times every gentleman was a master of sword-play; that machines had not yet made manual dexterity a matter of comparatively small importance; and that for a surgeon rapid and skilful movement meant the shortening of torture for his patient. I make no doubt that those antiquated and, in our view, clumsy instruments, were wielded by hands as deft as the best of those of our time. The eyes which looked upon them as new inventions were as keen, the tongue which explained their merits to admiring students as ready, as those which now note their defects or extol later improvements upon them. The fact is, that this is simply a world of recognitions and combinations. When the wise man of old said, "There is nothing new under the sun," he uttered a truth far deeper than most of us realize. For millions of years the materials of the world and its surrounding atmosphere, under the forces of nature, have existed and undergone their

appointed changes. How long ago we know not; how, we know not; we know only the bare fact, that man came upon the scene, began to observe, to criticise, to make and to write history. What he first observed we know not; but the first recorded combination was when he sewed fig leaves together to make himself an apron. This was only an adaptation of existing things to a purpose. Since then he has simply gone on recognizing and combining; and not one individual of the race has lived long enough to be more than an ephemeral witness of the results thus induced. With a perpetual change of actors, and a gradual increase in their number, the play has been one and the same, ever repeating and repeating itself. The boys and girls have sported, the youths have loved, the men and women have schemed, lost and won in the game of life, the old have drivelled and faded away, in continual never-ending succession. Nothing has really changed since the days of the patriarchs except relatively. Morally, man is the same; his passions, his ambitions, his jealousies, his meannesses, and his generousities, are set forth in the earliest known records of the race just as in the latest newspaper. Physically, he is the same; could we obtain the fresh body of one of the ancient shepherd-kings of Egypt, it would answer as well for anatomical study or demonstration as that of the pauper who died yesterday in one of our almshouses. It is only in his wider acquaintance with the world around him, in his increased power through discovery, that he has changed. Materials and forces were everywhere in the time of Adam and Noah, just as they are now; but they were hidden. Gradually the knowledge of these things dawned upon men, and new combinations were made; not new things, but revelations of the possibilities contained in what had always existed. When

"Terah, Nahor, Haran, Abraham, Lot,

The youthful world's gray fathers in one knot,  
Did with intente looks"

gaze in admiring awe upon the rainbow, they saw just what we see now in the sky after a summer shower, no more and no less; but we have to some extent solved the mystery which to them was absolute.

In the course of the revelations of existing things, a combination of materials and forces was developed which gave us the art of printing, and thenceforward the spread of knowledge was vastly aided. But a few centuries and we come to our own time, the age of steam and electricity, and of popular education. Now we find at once an immense increase in the body of workers, and in their means of utilizing their results. Wider views brought more accurate classification, clearer ideas of the natural history of health and disease; modern methods of research, also brought about simply by new combinations of forces and things which have existed since the world was made, have placed the science of medicine on a plane far higher than that which it occupied at the beginning of this century.

But I imagine that some of you may begin to ask what all this tends to, and why all this array of truisms should be presented? I do not think, however, that I am wide of my subject. We, of the nineteenth century, are apt to plume ourselves upon the wonderful achievements of our age, and to think, if not that wisdom shall die with us, at least that it began with us. We look at the books and periodicals which pour forth from the press—more in bulk than any one man can find time to read, even if nothing else claims his attention. We catch the hurrying, bustling, commercial spirit of the day, the mis-called "practical" man's idea that the great point is to know the latest views, to be up in all the newest things, so far as they will help him to take the lead of his rivals, and to build up a lucrative business.

This is one way to look at the matter; but there is another, and I think a better. We are not merely a fleeting generation of midges, dancing in the sunshine for our little day, come from the night, and to pass away into deeper night. We are not even actors who appear in solemn procession on the stage, strut through our parts, and make our exit. We are the heirs of the ages, and have work to do in order that we may transmit to those who come after us the legacy which came into our hands, with such increase of value as may be fairly required of us. Surely it is well that men engaged in such a task should occasionally look back and trace the steps of their predecessors; that they should



mark the points reached by the great climbers of past times, and the different outlooks gained by them over the field of scientific truth.

I wish then, to-day, to ask you to go back with me into the last century, and to survey the work done by some of the eminent men who were then the leaders of thought in our profession. Three of them particularly—men whose names are known wherever surgery is taught, but who are unfortunately only names to the vast majority of even the more educated among medical men, will engage our attention. They are Lawrence Heister the German, Jean Louis Petit the Frenchman, Percival Pott the Englishman. In the brief time at my disposal, I can do but scant justice to the claims of these worthies to the respect and even veneration of their successors. Enough if evidence is afforded of the value of their labors, and of their title to high place in the republic of science; more than enough, if what I shall say may lead others to share with me the pleasure and profit of occasional intercourse with them in the writings by which alone the world now knows them.

I have selected these three because they were nearly contemporary. They represented the three leading nations of the world in their time; they embraced in their works nearly the whole scope of surgery as then known; and they seem to me to have been men who fitly closed what may perhaps be called the middle age of that science. Curiously enough their lives extended over almost exactly similar periods, Heister and Pott living 75 years each, and Petit 76.

Heister was born in 1683, and his *System of Surgery* was published in German in 1718, in Latin in 1739. An English translation of it appeared in 1742, and the sixth edition in 1757.

In his preface he gives an account of his studies, and of his experience in military surgery. In 1710, being then 27 years of age, he was, he says, "beyond all expectation, called by the republic of Norimberg to teach anatomy and surgery, as public professor in the university of Altorf. In order to qualify himself for the duties of this position, he made a tour into Great Britain, where he says he was "from spring to autumn, collecting everything new in the several branches of physics." On beginning his labors, he found himself perplexed for want

of a convenient manual of surgery; and you will pardon my detaining you by a quotation, asking you to bear in mind that its date is 1739, not quite 150 years ago—less than twice the life of many persons whom we know.

"If any one," says he," examines the best books, such as the *Microtechnia* of VanHoorn, the *Operations* of Nucke, etc., which were at that time consulted not only by our surgeons, but also by our university professors, for teaching and learning the art, it will readily appear how imperfect and insufficient they are to give a just notion of any one branch, much more of the whole system or body of surgery. Since they describe only a few operations, and those too imperfectly; taking little or no notice of the doctrine and treatment of wounds, fractures, luxations, tumors and ulcers, which make the most considerable part of surgery, and in which a learner ought to be the most fully instructed. It is true, the works of Guido Cauliacus, Aquapendens, Parey, Scultetus, Solingen, and some other writers of the last century, are very full and explicit in all or most of the operations, and the five kinds of disorders before-mentioned. But even in these we must not expect to find the many improvements, emendations, and discoveries, made by the moderns; and their practice being mostly obsolete, they must consequently be allowed to be unfit for the instruction of learners. And it is an objection to many of our books on surgery, of a more modern date than the preceding, that they have either been compiled by physicians little conversant in chirurgical dissections and operations, as those of Barbet, Verduc, Bonteck, Doley, Blancard, Chanier, Juncken, Vauguion, LeClerc, etc., in which many of the old errors are continued, and not a few things stated otherwise than will be found in practice; or else they have been restrained to but one or two subjects only, as the bones, wounds, tumors, bandages, operations, etc., besides their being written either in a rude, or a foreign language, unknown to most of our surgeons."

The system of surgery which was intended to supply the defects thus set forth was published in German in 1718. "And," says the ingenuous author, "from this time it is that we have had better or more expert surgeons in



Germany than before, many of which have since often declared to me, that they had drawn most of their knowledge from my Surgery."

In the following year, Heister "received a most gracious call to the public Professorship of Anatomy and Surgery in the Julian University of Helmstadt, from his Britannic Majesty, as Duke of Brunswick and Lunenburg." The "care and trouble of packing up and removing his goods, and the fatigue of a long journey, added to the multitude of business, and many avocations consequent upon his new office," are now urged as the reasons which compelled him to postpone the issuing of his work in Latin, an event which did not take place till 1739, or about twenty years later.

Now, when the really recent date of this writing is considered, you will, perhaps, scarcely be ready to believe that the Julian University at Helmstadt was abolished, as such, seventy-eight years ago, in 1809—just ninety years after the time when Heister was called to professorial honors in it. Of the Republic of Norimberg, or the University of Altorf, I can find no other mention anywhere. Altorf seems to be known chiefly as the alleged scene of William Tell's feat with the apple; but even this, as everybody is aware, is now suspected to be a mere myth. As to the authors spoken of, the only one with whom there is, at the present day, any general acquaintance is Paré, whose quaint pages have for some reason or another always found friends, and it seems likely that they always will. But of Guy de Chauliac, Fabricius ab Acquapendente, Scultetus, it may safely be said that while most educated men have heard their names, scarcely one in a thousand could be found who has ever read a line of their works. Still deeper obscurity envelops the other authors who had, in Heister's opinion, failed to give a just notion of the body of surgery, or of the many improvements, emendations, and discoveries made by the moderns. Not yet 200 years ago; men of sufficient note to have written and published works for the guidance of their professional brethren; yet of most of them we have really less information than of some of the Egyptian or Assyrian kings. To what a depth of oblivion must most of the writers of the present day,

contributing their drops to the ocean of literature, look forward!

Of Petit we know much less. Born in 1674, he died in 1750; and for some unexplained reason it was not until twenty years afterward that his pupil, Lesne, undertook the publication of the works his master had left in manuscript. That the latter had intended to place them before the world himself, appears from the fact that he had had ninety plates engraved and printed to the number of 2,000. He had not, at the time of his death, written all of the text corresponding to these plates, but they were issued, as the editor tells us, because "he judged of the surplus that it would always be an advantage to young surgeons to have so complete an arsenal of instruments, most of which had been invented or improved by M. Petit."

M. Lesne gives us to understand that his illustrious teacher had contemplated the preparation of a general treatise upon surgical maladies and the operations for their relief. He adds, with a charming simplicity of faith: "One would judge, from what he has left us of his work, that this treatise would have availed to establish forever the principles of the art."

A simple instance may show how little foundation existed for such confidence. In Vol. III. of the works, at p. 180 *et seq.*, this eminent man gives an account of a case in which he amputated the thigh of an officer of distinction, for the effect of a gun-shot wound received twenty years previously; on the separation of the ligature bleeding occurred, and was checked for a time by a button of vitriol, but when this came away, and fresh bleeding took place, a bandage was put on and the stump watched by four surgeons, relieving one another at intervals of an hour. Finally an apparatus suggested itself, with a body belt, a sort of tourniquet, and a plate to cover the face of the stump; all this being held in place and connected by straps and buckles.

At the present day, the merest tyro would simply apply another ligature; and why such an expedient did not occur to the great French surgeon would seem to me unaccountable, except on one ground. He cautions his readers against tying the vessels too tightly, for fear of

cutting them through, and thus causing hemorrhage either at once or shortly afterward. Hence, as a matter of course, when the ligature came away by slipping off, the vessel not being occluded, there would be no more reason for trusting to another tying; this resource seemed to have failed. It appears that he always afterward regarded the ligature as a thing to be avoided, except in cases of emergency, as in dealing with large numbers of cases in military surgery. His compression apparatus was, in his view, the acme of security against hemorrhage.

It is a curious coincidence that Percival Pott's works were also published after his death by his pupil and son-in-law, James Earle. Pott was born in 1713, and was apprenticed at the age of 14 to Mr. Nourse, one of the surgeons to St. Bartholomew's Hospital. "At that time," says his biographer, "the art was miserably defective; the instruments were clumsy and unmanageable; the operations unscientific and unnecessarily painful; the established mode of practice, encumbered with a farrago of useless medicines and applications, tended rather to mislead than direct the enquirer; prescription too frequently held the place of reason, and want of real knowledge was concealed under a pompous garb and specious demeanor." . . . "Painful and escharotic dressings were continually employed, and the actual cautery was in such frequent use, that, at the times when the surgeons visited the hospital, it was regularly heated and prepared as a part of the necessary apparatus. In the works of several authors who flourished in the early part of our author's life, we have contrivances for improving these dreadful instruments. Mr. Pott's tutor rigidly adhered to the established practice, and treated with supercilious contempt the endeavors of his pupil to recommend a milder system."

In 1744, Pott became an assistant, and in 1749, full surgeon at St. Bartholomew's. In 1756, he sustained a severe fracture of his leg, and it was during the enforced idleness consequent upon this injury that he began to turn his attention to authorship, preparing his essay on ruptures. About 1765, he undertook the work of teaching, giving his lectures at first in his own house. The efforts by which his name

has been principally distinguished, are his work on fractures, published in 1768, and that on curvature of the spine, which appeared eleven years later. He closed his long, busy and useful life in 1788, carrying on a very active practice to the last.

Heister's work is in the nature of a cyclopædia, and full of evidence of the study of the writings of his predecessors and contemporaries.

Petit's editor says of him: "He only read books on surgery in order to get a general idea of the progress made by the art down to his time; he made little account of the erudition which gives a learned air to mediocre talents; when he treated of a subject, he always sought to widen the limits placed upon it by his predecessors."

"Mr. Pott," says Earle, "always professed great value and respect for the early writers on the art, and perused their voluminous works with great diligence and sagacity. He frequently observed that, though no great advantage could be derived from them in the practical part, yet whoever studied them would be amply repaid by their accurate description of diseases which they portrayed from nature."

I do not propose to take up systematically the study of these works, but merely to dip into them here and there, and to note the points of difference and of resemblance, those in which they may seem to us to have been in the dark, and those in which they touch very closely the views and practice of the present time.

Heister and Petit both had opportunities of somewhat wide experience in military surgery. Pott's field of action was wholly civil, and he appears to have been largely engaged in private practice as well as in that of the hospital, with which, as he himself said, he was connected as man and boy for fifty years.

We cannot but be impressed with the difference between the last century and the last half of this, in the character of military surgery. Sword and bayonet wounds were then extremely common; now they are very rare. Then again, the round balls, the clumsy and inefficient fire-arms, and the less powerful explosives, made the nature of the wounds often much less serious than those with which we are now familiar. Another curious fact has impressed itself upon



me within the last few years. Surgeons in civil life, and especially those connected with large hospitals, have at present more experience in wounds from firearms than many army surgeons formerly had. So common is the use of the pistol, that shot-wounds are among those which most frequently present themselves. And I need not dwell upon the very analogous character of railroad and machinery crushes to that of the injuries from cannon-shot which so impressed the military surgeons of the sixteenth century.

Modern life, along with many comforts and luxuries, has brought new sources of suffering and danger. It has also, however, seen the introduction of vastly improved appliances for the relief of one and the prevention of the other.

Perhaps I need hardly dwell upon the fact, which is patent on almost every page of the books I am now discussing, that the sovereign anodyne, in the view of all these men, was blood-letting. They had, indeed, the syrup of poppies, the theriaca, the confectio mithridatii, but it is amazing to see how diligently they opened veins whenever they found their patients in pain.

Another curious matter is the vagueness of the knowledge of anatomy which is shown by our authors. Of course their opportunities for dissection were limited, and, in fact, many students of that day learned all the little they knew of the structure of the human frame by the mere seeing of the demonstrations made upon two bodies a year in an amphitheatre. Still less did they know of pathology. They looked upon disease with a sort of myopia, and failed to get any general view of the classification of disorders. Hence it would be unreasonable to expect that their treatment, based upon an imperfect anatomy and physiology, and without any system of pathology, should be otherwise than empirical. Yet they were shrewd observers, and no doubt did a sort of rough justice to their cases, such as possibly may not compare unfavorably with the practice of some of our graduates, who are learned in all the mysteries of the metric system, bacteria, and microscopic appearances.

Pott closed his eyes upon this world just at

the dawning of a new era—the era of generalization. Thirty-seven years before this time, Pott being one of the senior surgeons at St. Bartholomew's Hospital, John Hunter had been for a short period one of the students in attendance upon the lectures there. Hunter was then a young fellow of twenty-three, and probably was scarcely known by the lecturer, who little thought what a genius sat before him listening to his words. Whether they ever came into contact in after life I do not know. Hunter, of course, became connected with St. George's Hospital, where, three years before Pott's death, he performed what was, it seems to me, one of the most brilliant operations the world ever saw,—the ligation of the femoral artery for popliteal aneurism. Consider all the circumstances—the fact that such cases had previously been condemned to amputation, that the course pursued by Hunter was the result of deduction from an observation made in one of the lower animals, and that it opened the door to a wide field of life-saving surgery—and I do not think you will regard my expression as extravagant. Moreover, this was but an incident in the life of the man who, I think more than all others, was active in the widening of the scientific basis of surgery. He led the van in bringing in all the teachings of human and comparative anatomy and physiology as aids to the treatment of surgical disease.

But I have been drawn into a digression. All I meant to have said was, that the three great men who are the special subjects of this desultory talk must not be judged by the standards of the brighter light and wider view, of the independent and comprehensive thought, which their successors enjoyed. Possibly, for such is sometimes the working of human nature, they would have resented the rough encroachment of new views and theories upon those they had set up and taught. Men are apt to be charitable to those who have had no chance to oppose them, and I note that both Heister and Pott speak with much more respect of their departed predecessors than they do of their contemporaries who held contrary opinions.

With regard to injuries of the head, we find that Petit left but a portion of his article completed; but his editor refers to a memoir pre-



sented by him to the Académie Royale de Chirurgie, in which he pursues the subject; and from the plates (without corresponding text) in the work before us, it is clear that he had intended to discuss the operation of trephining. On the Continent it is plain also that the instruments used for this purpose were immensely large and clumsy, resembling the brace and bit now commonly employed by carpenters. For Heister also represents them of this form; and in speaking of the method of procedure, advises that the surgeon, setting the point of the perforating trepan, a sort of awl or gimlet, on the skull, should place his left hand on the top of the instrument, and then rest his chin or his forehead on his hand, while with his right he slowly revolves the borer. Having made such a puncture as he desires, he then puts the trephine itself in place, with a central spindle, which is inserted into the hole previously bored. It is worth while to note the shape of the trephine itself. Both Heister and Petit represent it as like that of modern times, the frustum of a cone, and with spiral grooves on its outer surface. This shape was for a time abandoned for the cylindrical, and has been within the last fifty years re-introduced as a novelty.

Pott does not speak of the exact shape of the trephines used by him. In Scultetus (1741) we find representations of the modern form of the instrument, with simply a handle. When this became the prevailing style I cannot say.

As to the indications for trephining, it is well known that the views held in the sixteenth and seventeenth centuries were in favor of a very free resort to the operation, which, in spite of Pott's advocacy, as well as of that of Gooch and other able writers, subsequently came to be regarded with much timidity. At present the pendulum of opinion is swinging back again, and surgeons are far more ready with the trephine than they were twenty years ago.

Heister spoke of this matter more cautiously than did Pott. He refers to the danger of injury to the dura mater, and says: "For this reason I am induced to condemn the advice of those, as very unsafe, who direct to trepan the cranium immediately upon every slight disorder of it."

One point seems to me curious, and that is,

that none of these surgeons had noted the fact of irregularity of the pupil of the eye as a result of intra-cranial pressure.

Another singular fact is, that while Heister advises that the incision to lay the bone bare should have the form of a cross, or of the letter **X**, **V**, or **T**, Pott speaks uniformly of cutting away a circular piece of the scalp. And we find in Hey's Surgery, published in 1807, an argument against this practice, which would seem up to that day to have generally prevailed among English surgeons.

I cannot pass from this subject without one more reference to Petit, who would, in the opinion of his editor, have settled for all time the principles of surgery. He is quoted as discussing "the nature of the polypous fleshy masses sometimes found in ancient contusions" (of the head), "the opening of which has been long delayed." He does not think that these masses, which he believes to be formed from the blood clots constituting the tumor, are different from the polypi which are found adhering to the inner surface of the ventricles of the heart, nor from the fleshy masses found within true aneurisms, nor from the clots of false aneurisms. He says, further, that these polypous masses "can absorb nourishment, grow more or less, and even become adherent to all the surface of the cavity enclosing them." This must remind us of the elaborate steel plate given by Tulpius, of a polypus of the heart—nothing more or less than such a clot as may be noted in the autopsy of any one who has died slowly. It seems to me that the wonder is that these ancestors of ours, with such rudimentary ideas of physiology and pathology, should have built up their surgery as soundly as they did.

Heister, like all his contemporaries, hesitated to place entire confidence in the ligature as a means of controlling hemorrhage. And in speaking of wounds in the neck, he gives what must seem to us a most extraordinary piece of advice. If the internal jugular vein is extensively divided, he recommends that it should be tied; but if the carotid artery or any of its branches, he would have us trust wholly to pressure, kept up by compresses held in place with the fingers. Yet, when the matter is looked at more closely, the explanation seems

evident. The idea of the men of that day was that the current of blood in the arteries, by its force, detached the ligature, while the more sluggish flow in the veins was easily controlled.

With regard to wounds of the chest, there is but little to note, in view of the fact that auscultation and percussion were unknown in the last century, and hence that the study and treatment of these injuries were carried on at a great disadvantage.

Coming now to the diseases and injuries of the abdomen, I would call your attention to the article in Petit's work on tumors formed by the retention of bile in the gall bladder, often mistaken for abscesses of the liver; and to another on the parallel existing between the retention of bile and biliary calculi, and retention of urine and stones in the bladder. There is, in these two papers, much that may be read with profit by any one at the present day; much that would show, if such proof were needed, that the author was a man of bold and independent habit of mind.

In a recent article published by myself, on a case of pistol shot wound in which laparotomy was performed, I stated that this course was "dimly foreshadowed" in 1855 by Guthrie. Soon after this was written, I was not a little surprised to find that the foreshadowing had taken place 135 years earlier; for Heister wrote as follows:—

"When the intestines are wounded, but not let out of the abdomen, and therefore their wounds are out of reach, the surgeon can do nothing but keep a tent in the external wound, according to the method of dressing laid down at chap. v., and after this bleed the patient if his strength will admit of it, advising him to rest, to live abstemiously, and to lie upon his belly. The rest is to be left to Divine Providence and the strength of his constitution. But the question may be asked here, Whether a surgeon may not very prudently in this case enlarge the wound of the abdomen, that he may be able to discover the injured intestine, and treat it in a proper manner? Truly I can see no objection to this practice, especially if we consider that upon the neglect of it certain death will follow, and that we are encouraged to make trial of it by the success of others. Schacherus,

in *Programmate Publico*, Lipsiæ, ed. 1720, mentions a surgeon who performed this operation successfully. So Cheselden, of London, gives us a history where, in the hernia incarcerata, he laid open the abdomen, returned the intestines, and perfectly cured his patient. See his 'Treatise on High Operation,' etc.

Very possibly, on looking up these cases, it will appear that there was a good deal more than foreshadowing of the modern practice.

Let me give another instance. We are apt to think of nephrotomy and nephro-lithotomy as among the latest developments of surgery. But Heister has the following passage at the conclusion of his chapter on lithotomy by the apparatus minor:—

"Lastly, as there are many cases in which a stone in the kidney can by no means be resolved or removed by medicines, and the patient being continually in the most extreme torture, is desirous by any means to be freed; it may not be inconsistent with our design in this place to resolve the question, whether a stone in the kidney may not be cut out in such a case. This is a subject seldom treated of in books of surgery, and which I choose to treat of in this place, as the operation may be performed by the apparatus minor, either with the scalpel alone, or with the hook and forceps. The generality of those who have said anything upon the subject in their writings, think it a proposal too dangerous to be practicable, and therefore treat it with neglect,—when at the same time there are extant many arguments, both from reason and experience, which recommend such a practice to be absolutely necessary, especially under particular circumstances. For we have many instances of patients who have been freed from the stone in the kidney by a wound in that part, received accidentally in the back; and that, in some cases, without any dangerous symptoms. Among other instances which have come under my own observation, I shall only mention a late one, of a man who was wounded by another with a knife, upon the region of the right kidney, in his back, in the year 1735, in such a manner that blood and bloody urine was voided in great plenty for several days through the wound and through the urethra. But after he was transmitted to my care at *Helmstadt*, he was happily



cured within the space of four weeks. It is therefore most certain that wounds of the kidneys are not always mortal, as some have imagined, but frequently curable; especially those inflicted on the back, without penetrating into the cavity of the abdomen. And Hippocrates, though he interdicts his pupils from performing the operation of lithotomy, does yet direct them, in treating of disorders in the kidneys, *'to make an opening where they are elevated and tumified; that after extracting the gravel and discharging the matter, they may be healed with diuretics. For by such an opening or incision there may be hopes of a recovery; otherwise, the patient is a dead subject.'* And in the same book he says: *'When there is a suppuration of the kidney, and it forms a tumor near the spine; in that case a deep incision is to be made upon the tumor near the kidney,'* or as he says in another place, *'into the kidney itself.'* From whence it appears that he did not think an incision in this part so greatly to be feared as a wound in the bladder. Rossetus also, and the accurate anatomist Riolan, and others, are induced by many reasons to think that nephrotomy may be often practised with success, if the incision be made in that part where the calculus is perceptible, taking care to avoid wounding the emulgent artery, veins, or the ureter, and to prevent the wound from penetrating into the cavity of the abdomen. But nothing can be more reasonable than to perform nephrotomy, when we are directed to it by nature, pointing out the place, by a tumor and abscess formed in the loins from a calculus in the pelvis or kidney. In such a case we are also supported by the advice and authority of Schenk, Wedelius and Meekren, together with Lavaterus, formerly an eminent physician and surgeon of Helvetia, with whom I amicably cohabited for some time, in the year 1710, he then practising surgery at London with great applause. He at that time told me that he had not only performed this operation with success in the above mentioned case, but had also publicly declared: *'I perform the operation of nephrotomy, on either of the kidneys, when nature directs to that practice by forming an abscess.'* There is therefore no apparent reason why this operation should be condemned under the forementioned circumstances, as it is by a

great many. I should rather advise, according to my own practice, never to omit nephrotomy, when nature thus points out the road to it."

I trust the interest of this quotation may excuse its length; and will only mention that in Petit's third volume may be found detailed two cases of nephro-lithotomy, one of which was entirely successful, and in the other the operation could not by any means be assigned as the cause of the death of the patient. Petit rarely gives the dates of his cases, so that we cannot tell by how long a time he anticipated the operators of the present day.

It would be interesting, did time permit, to go somewhat into detail as to the views of our authors on the subject of hernia. Part of the vagueness of their ideas must be ascribed to the fact that the rationale of the descent of the testicle was at that time unknown, having been first demonstrated by Hunter at a later period. Both Pott and Petit discuss the question of herniotomy without the opening of the sac, and Heister briefly refers to it. They also are greatly concerned as to the best method of dealing with protrusions of omentum. A curious fact may be noted here, viz., that Pott does not once use the term "taxis." It may also be mentioned that he recommends the inversion of the patient for the reduction of hernia—a plan more than once brought forward as new in our day.

I have before spoken of the want of classification in the nomenclature of disease, as shown in the writings of these eminent men. A striking instance of this may be noted in their discussions of the various fistulæ. "The fistula lachrymalis" seems to have been to them an entity by itself; "the fistula in ano" another. As to the former, we find that Pott and Heister could devise no better remedy than breaking through the wall of the orbit and forcing a passage into the nasal cavity. Petit, on the other hand, very justly condemns this rough practice, and recommends dilatation of the canal by bougies.

The mention of fistula in ano, which Petit discusses under the head of "ulcers," reminds me to quote from him a passage illustrating a curious feature of human nature. "It is known," says he, "that after the operation



which was performed upon Louis XIV, this procedure became very common, not because there were more fistulæ than before, but because many people who had concealed infirmities of this kind ventured to declare them; some even submitted to the operation by way of gaining favor. It became, so to speak, the fashion, and, as the city copies the court, it was so frequently performed in Paris, that for a time no one talked of anything but fistula; it alone seemed to be worthy of the attention of surgeons; yet, in spite of all the care given to the perfecting of the operation, cases were often heard of in which it had failed and in which it had to be repeated."

Another singular statement is made by Petit in connection with the subject of hemorrhoids, which also, by the way, he places under the general head of "ulcers." He says: "Of the patients whom I have treated for internal hemorrhoids, the Americans and the inhabitants of British ports have furnished the larger number; and among these I have found few who had not as the source of their malady either scurvy or syphilis, and often both." I must confess myself puzzled to know who and of what class these "Americans" were. They certainly had nothing in common with the travelling Americans of our own day; they cannot have been either Indians or negroes, of whom even now many educated Frenchmen are convinced that the population of this hemisphere mainly consists, and I have no theory to suggest on the subject.

At the present day the pathology and treatment of hydrocele are matters of no special discussion, and the condition itself is one of the minor troubles with which surgeons are called upon to deal. It is somewhat interesting to see what opinions were held by our authors, especially with regard to the best method of treatment. Heister mentions five plans: free incision and stuffing the cavity; caustic; the seton; the wax tent; and finally, with just indignation, "the method practised by itinerant medicasters, by which they make an incision in the inguen, and tearing the scrotum off the testicle, they extirpate it together with the process of peritonæum, notwithstanding both of them are in a sound state." Petit speaks only of puncture with the trocar, or of free incision. Pott speaks of puncture as

a palliative, and refers also to a plan of injection of the sac for the radical cure as having been "quite laid aside" as useless; he does not say what was the nature of the liquid employed. He advises a large incision of the tunica vaginalis, but is said by Earle to have abandoned this plan for the last twenty years of his life. He speaks very favorably of the seton.

We have all heard of "Heister's screw" for opening the mouth, and most of us have used it or seen it used. Now let me quote what he himself says: "But in my opinion every prudent surgeon will reject these instruments as pernicious." He afterward speaks with approval of the use of the *speculum oris*—a much less powerful instrument—"for inspecting the mouth, in examining several disorders of its parts, or in performing any operation on the palate, tonsils, or teeth." No doubt the two articles were confounded by some careless compiler.

In most text-books, and by teachers of surgery, it is customary to speak of the tourniquet in common use as Petit's. And we hear also commonly the term "Spanish windlass" as applied to the well-known handkerchief twisted up with a stick. But in fact the latter was "the tourniquet," "which," says Heister, "we use with great success after amputations." Petit modified this, but the instrument produced by him was not by any means that which we know by his name. The double bridge seems to have been a German invention; when the four rollers were introduced I have been unable to ascertain.

Did time permit, I should be glad to say something of the views of our authors on the subject of fractures and dislocations; the views, that is, of Heister and Pott, for neither in the text nor in the plates of Petit's work does it appear that he meant to take up this topic. I must, however, content myself with calling your attention to the sound sense of Pott's remarks on the relaxation of muscles by position, in broken limbs. His deductions as to treatment are not borne out by experience, or, at least, have not been thus far, but it is not impossible that appliances may yet be devised by which the theory may be made available. As to the fracture just at and above the ankle joint, with which his name is still associated, I need say

nothing, as it is familiar to every student of surgery.

I have said that Petit left nothing in regard to the matter of fractures; but in Heister's work he will be found credited with the invention of an apparatus which, in a modified form, the whole civilized world knows as the "fracture-box." I think very few of the vast number of surgeons who have used this appliance have had the slightest idea of its origin.

Of course, the name of Pott is best known now, and in all probability it always will be, in connection with the subject of spinal curvature from caries. His paper on this subject, in the third volume of his works, seems to me admirable, a piece of sound reasoning from accurate observation, and extremely modest in its tone. I think such writings as this are beyond the reach of decay with time; they have a merit of their own, and although they may be forgotten, their value remains. A fact, or a sound explanation of facts, added to the sum of human knowledge, is worth much; if it is a fact from which may be deduced results of wide and permanent benefit to a class of sufferers previously without relief, there is no standard by which to estimate the service rendered to mankind by its discoverer. The pointing out of the causal relation of caries of the vertebrae to a condition which had, up to that time, been classed among the palsies, was the laying of the corner-stone of the present treatment of disease of the spine, although Pott's therapeutical ideas were of the crudest.

I had noted many other points to which it was my intention to refer at more or less length, but I fear I have taxed your patience too largely already. My object has not been either to criticise or to eulogize. These departed worthies loom up among their contemporaries, and challenge the attention of all who would trace the progress of our beneficent science.

Heister had the advantage of both Petit and Pott, in that he published his own finished work, and gave it to the world himself; while they had gone over to the majority, and their control could no longer be exercised in correction and addition. We all know that one of the ancients exclaimed, "Oh that mine adversary had written a book!" If his adversary had not only written a book,

but had had it posthumously published, he would have had the game in his own hands.

I have already spoken of the vast increase in medical literature at the present day, as compared with that which the men of the last century had at their disposal. Growth in this respect may be looked for in the future with certainty, but its extent is a matter beyond calculation. We are now the moderns; we shall soon be the ancients. Our work will be left to the criticism of those who are now unborn, and our discoveries and theories, our instruments and methods of treatment will be commended, rejected or modified, established or superseded, just as has happened to those of all the generations before us.

When the great Napoleon was engaged in making history, and in the course of the process found himself and his army in Egypt, it is said that he sought to stimulate them by telling them that from the heights of the pyramids forty centuries looked down upon them. Whether he ever said this or not is doubtful; but if he did, he simply uttered an absurdity. The forty centuries were past and gone, and before the dead eyes of their monuments, tragedy and comedy, heroism and cowardice, glory and disgrace, were one and the same. The past may appeal to us in trumpet tones by the examples left us by its mighty ones; but it is the future which must pronounce its verdict as to what we have done or left undone.

"Time is the judge; time has no friend nor foe;  
False fame must wither, and the true must grow."

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### Selections.

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*We are indebted to* DRs. ZIMMERMAN and G. R. McDONAGH *for translations.*

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### MATERNITY HOSPITAL IN PRAGUE.

I am sure you would be interested in the Maternity, which is one of the finest institutions in the world, and is the resort of a vast number of students. The building is a very handsome and highly ornamented brick structure, and although containing but about four hundred beds, has a capacity for very many



more, as a considerable amount of space is assigned to the almost numberless officials and servants. There are nearly three thousand births occurring here each year, but many of them are not seen by the student, as they are allotted to three separate clinics, one for the Bohemian school, of which Paulick is the representative, another for the German clinic of Shauta, and a third for the mid wives who come from the country about in considerable numbers, and who are taught all the more common obstetric operations. As I have already indicated, ill feeling and jealousy keep the three wholly distinct from one another.

The "touch" course, which every one takes, consists in making the diagnosis of foetal position by external palpation, sounds of foetal heart and maternal measurements. The latter as indicated in the printed blanks are between the anterior superior spines of ileum, the two trochanters and from lumbar vertebræ to symphysis pubis, with digital measurement from promontory of sacrum to subpubic ligament. Abnormal positions are rectified before labor or before the head is engaged by the bi-polar method. Antiseptic precautions are very rigid. Before making examinations the hands are thoroughly washed with soap and water and scrubbed for five minutes with a stiff brush, and then soaked two minutes in an alcoholic solution of corrosive sublimate. Every one coming in contact with a cadaver, a surgical case or one of syphilis, is obliged to take a bath and keep away from the maternity wards for twenty-four hours.

The patient is invariably delivered in lateral position, while the nurse slightly supports the perineum. The placenta is removed while the woman lies upon her back, and after an interval of thirty minutes, the nurse in the meanwhile pressing down upon the fundus. Not having been detached at the end of this time, gentle traction is made upon the cord, and Crede's method employed. Failing in this, the hand is introduced and the placenta forcibly removed. After labor is considerably advanced, the vagina is irrigated with a weak solution of carbolic acid. As soon as the child is delivered a tube is inserted into the mouth and nares and all mucus removed, and the eyes are treated with a two per cent. solution of nitrate of silver. The latter

is the practice in most of the maternity hospitals of Europe, with the effect of greatly lessening the dangers from ophthalmia neonatorum, which, according to statistics, is the cause of half the cases of blindness in children.

The mother wears no "binder," is allowed to get up on the seventh day and leave the hospital on the tenth. The child, usually, goes to the Foundling Hospital in default of proper care and training. Nearly all the births are illegitimate, and it is said that thirty thousand such occur in Bohemia every year.

Laceration of the perineum is frequent, and I think is due to irrigation of the vagina and a consequent lack of lubricating fluid to prevent undue friction. Iodoform is liberally used on all lacerations and excoriations, and antiseptic irrigations during the puerperal period are frequent. I have seen while here no cases of fever, but one from eclampsia and one from nephritis. I have just witnessed a Cæsarean section which ended in a Porro operation performed by Prof. Shauta. The woman was brought in from the country, and had been in labor eighteen days. On examination there was found atresia vaginæ resulting from some old injury. The canal was almost impervious and abdominal section was, under the circumstances, the only thing to be thought of. The woman was placed upon the table with hips drawn down to the edge—the operator standing in front and between the limbs of the patient. After the parts had been bathed in a 1 to 5,000 sol. of corrosive sublimate, an incision was made extending from an inch below the ensiform cartilage to the pubes, a rapid dissection was then made down to the peritoneum. As soon as all bleeding points had been secured, the latter was opened, and an assistant lifted the uterus from the abdomen, while another covered the latter with hot towels—wrapping them tightly about the vaginal portion of the uterus. On making the incision through the uterine walls the placenta was divided through its centre, having been attached to the anterior wall. The smaller and afterwards the larger portion of the placenta was then removed, and subsequently the foetus, the cloths being so held that no fluid entered the abdominal cavity. An examination of the uterus showed it to be soft and macerated throughout

its whole interior. It was thought best, therefore, to remove it, which was done, the cervix having been first surrounded with a rubber cord, which was left on, and remained outside the stump. The abdominal walls were then sutured close about it and the cavity closed, it having been first irrigated with the sublimate solution. The wound and stump were liberally sprinkled with iodoform, and a modified Lister dressing applied. Although the outlook was decidedly unfavorable, the woman made a good recovery. —*Correspondent in New England Medical Monthly.*

### THE TREATMENT OF PNEUMOTHORAX.

CLINIC BY PROF. VON BAMBERGER.

With regard to the treatment of pneumothorax, we have to take into consideration two processes: the pneumothorax itself, and the underlying condition which is the cause of it, and which, as a rule, is phthisis. With the latter we shall not now concern ourselves, but rather limit our remarks to the indications presented by the pneumothorax itself. In many cases there is no direct indication for treatment. The condition cannot be changed, for even if one were to tap, only a very small quantity of air—perhaps none at all—would escape; for the greater part of the air is under the same conditions as regards pressure as that in the lung. Accordingly when the presence of the air causes no grave symptoms, no marked dyspnoea, and is generally speaking no special cause of anxiety, the pneumothorax does not require for itself special attention, but other symptoms which are of moment should be looked after: the cough, the expectoration, the moderate fever should be treated, sleep should be encouraged, the nourishment should be cared for, and in short the general symptoms attended to. However, pneumothorax is not always such a simple matter, but especially in cases where the pleural sac is entirely closed and without internal communication, when the tension becomes very great, and the dyspnoea most urgent, there is a positive indication present, viz., to remove the superabundant pressure. This may be accomplished more simply by

puncture or paracentesis when the surplus air, or if the puncture is made in a lower situation, fluid also will escape, and the patient will be thereby restored to comparative comfort. It is possible however that the former condition of things may return after a time, and in this case, if it is necessary, the operation may be repeated. The question for our consideration however is whether this operation does really produce any important improvement in the condition of the patient. With our own patients here we do not resort to the operation. We restrict them to the customary diet, that used in tuberculosis, we secure an equable temperature, avoiding cold and sudden changes of temperature, and order light, easily digestible and nourishing food. If the cough is severe we give mild narcotics or expectorants, and in sleeplessness some soporific and generally speaking treat whatever symptoms present themselves.—*Weiner Medizin Zeitung.*

### ARTIFICIAL FEEDING OF INFANTS.

Dr. A. Jacobi, of New York, in a paper on the Therapeutics of Infancy and Childhood, published in the *Archives of Pediatrics*, says:—

The principal substitutes for breast-milk are those of the cow and the goat. The mixed milk of a dairy is preferable to that of one cow. Cow's milk must be boiled before being used. Condensed milk is not a uniform article, and its use precarious for that and other reasons. Goat's milk contains too much casein and fat, besides being otherwise incongruous. Skimmed milk obtained in the usual way, by allowing the cream to rise in the course of time, is objectionable, because such milk is always acidulated. The caseins of cow's and woman's milk differ both chemically and physiologically. The former is less digestible. There ought to be no more than one per cent. of casein in every infant food. Dilution with water alone may appear to be harmless in many instances, for some children thrive on it. More, however, appear only to do so; for increasing weight and obesity are not synonymous with health and strength. A better way to dilute cow's milk, and at the same time to render its casein less liable to coagulate in large lumps, is the addition of decoctions of cereals. It has been stated before, that a small



amount of starch is digested at the very earliest age. But cereals containing a small percentage of it are to be preferred. Barley and oatmeal have an almost equal chemical composition; but the latter has a greater tendency to loosen the bowels. Thus, where there is a tendency to diarrhœa, barley ought to be preferred; in cases of constipation, oatmeal. The whole barley-corn, ground for the purpose, should be used for small children, because of the protein being mostly contained inside and near the very husk. The newly-born ought to have its boiled milk (sugared and salted) mixed with four or five times its quantity of barley-water, the baby of six months equal parts. Gum arabic and gelatin can also be utilized to advantage in a similar manner. They are not only diluents, but also nutrients under the influence of hydrochloric acid. Thus in acute and debilitating diseases which furnish no, or little, hydrochloric acid in the gastric secretion, a small quantity of the latter must be provided for.

#### SIMPLE DUODENAL ULCER.

This condition has not received in medical books the attention it deserves; but M. Bucquoy, an eminent clinician of the Hôtel Dieu, has lately written a very full article on the subject, a concise review of which appears in the *Progrès Médical*. Simple ulcer of the duodenum has many points of resemblance to simple ulcer of the stomach, and, like the latter, may remain latent for a long time and then suddenly manifest itself by an alarming hemorrhage or by perforation with a consequent violent peritonitis. There may be, and there usually is, hematemesis as well as intestinal hemorrhage. The hemorrhage from the bowel is sudden and profuse, usually coming on shortly after a meal, and being attended with colicky pains. In some instances death has been known to follow a single hemorrhage, but in the majority of cases there are several losses of blood, by which the patient is rendered anæmic in the extreme. Pain has not the same symptomatic value in duodenal as in gastric ulcer; it is far from being constant, and, when present, is very variable in its seat, duration, and intensity. It is most frequently felt some time after a meal, usually at the end

of gastric digestion, and has its seat in the right hypochondrium, frequently radiating to the epigastrium and over the whole abdomen. M. Bucquoy has never observed the dorsal and xiphoid points of pain that characterize gastric ulcer. He has taken particular note of the time when the pain appeared, and has found it to be usually from two or three hours after the ingestion of food. No other disturbances of digestion, either gastric or intestinal, were present. The course of the affection is slow and irregular as a rule, and is characterized by exacerbations and remissions of variable duration. It usually terminates by perforation and by the acute peritonitis which ensues. The author does not, like most other observers, take a pessimistic view of the prognosis. He believes in the curability of duodenal ulcer; of five cases under his personal care, only one ended fatally.

The points of differential diagnosis between duodenal and gastric ulcer are the predominance of intestinal hemorrhage, the absence of disturbances of digestion, and the variability of pain in the former. Moreover, duodenal ulcer is most frequently met with in men, while gastric ulcer, as is well known, occurs chiefly in women, notably in chlorotic young girls. The author concludes his article with the following proposition: When a man is suddenly seized with hemorrhage from the bowels when there are no other disturbances than extreme anæmia, when these hemorrhages recur after intervals of apparent good health of shorter or longer duration, and, finally, when the functions of the stomach are rapidly regained after a severe hemorrhage, there is a strong presumption, amounting almost to a certainty, of simple ulcer of the duodenum. The treatment is not unlike that of gastric ulcer, only there need not be the same stringency with regard to the diet as in that affection, owing to the circumstance that the mucous membrane of the stomach is intact.—*N. Y. Med. Jour.*

#### OIL OF WINTERGREEN IN THERAPEUTICS.—

In collecting evidence regarding the value of this substance, Dr. Squibb found that every physician who had used it frequently, had found cases in which it was either powerless, or was not well borne by the stomach, and some of these cases were afterward benefited by sodium

salicylate or salicylic acid. But all the testimony elicited was favorable to the use of the oil, and this especially in the large class of cases wherein the attacks were not severe. In all such it seemed to have important advantages over the sodium salicylate. In severe cases wherein the pain was very severe and the elevation of temperature great, the conditions were controlled more promptly and more effectually by the sodium salt. There was no dissent from the general conclusion reached that the oil, whether natural or artificial, or whether from wintergreen or birch, was an important agent for obtaining the best results of salicylates in a very large class of cases.—*Medical News*.

#### THE TREATMENT OF HABITUAL CONSTIPATION.

At a time when, not only the tedious proceedings of massage, but actually manipulation of the abdomen by cannon balls (*vide Journal* for November 26th), is recommended for chronic constipation, a far simpler and more effectual way of inducing peristaltic action of the bowels, which has recently been discovered, should be brought to the knowledge of the profession generally. This consists of the injection into the rectum, by means of an ordinary glass syringe, of about half a teaspoonful or a teaspoonful of glycerine.

The fact that glycerine thus used causes a ready action of the bowels was apparently discovered by a Dutch physician, Dr. Oidtmann, of Maastricht, who, however, deprived himself, at least to a great extent, of the credit of this discovery by advertising it as a nostrum in several medical journals. Dr. Anacker, of Château-Salins, who purchased the specific and found it to answer the purpose well, took the trouble to analyse the fluid supplied by Oidtmann for such injections, and found it to consist principally of glycerine, to which a small quantity of a preparation of conium and a sodium salt had been added. Dr. Anacker found that glycerine alone, without conium or the sodium salt, had exactly the same effect as Oidtmann's mixture.

On reading Anacker's paper in the *Deutsche Medicinische Wochenschrift* for September 15th last, I lost no time in giving this proceeding a

trial. A number of patients, including some medical practitioners of great experience in the treatment of this troublesome disorder, have spoken to me in the highest terms of the value of this new plan. An evacuation generally takes place either immediately or within a few minutes after the injection. The explanation of the effect given by Anacker, and which is no doubt the true one, is this: Glycerine when brought into contact with the mucous membrane of the rectum, withdraws water from it, thus causing hyperæmia and irritation of the sentient nerves of the rectum, which in its turn leads reflexly to powerful peristaltic contractions, ending in defæcation. The larger the accumulation of fæces, the greater is the effect. There is no discomfort or pain, but the action takes place *cito, tuto et jucunde*. Sometimes, however, a little throbbing is felt in the rectum for a few minutes afterwards. I feel sure that this plan, on account of its simplicity and readiness, will be found to constitute a veritable improvement in the therapeutics of constipation.—*Julius Althaus, M.D., in British Medical Journal*.

#### COLD WATER INJECTIONS IN CATARRHAL JAUNDICE.

Recommended several years ago by Krull, lavage of the intestine in jaundice has already gained in favor, and the reports by Lowenthal, Eichorst, and Krauss show that in many cases a more rapid recovery follows than when alkalies and diluents are administered by the mouth. In the *Revue de Médecine* for September, Chauffard reports seven cases, in six of which the obstruction to the bile-flow was overcome in from four to six days; in one case on the eighth day. From one to two quarts of cold water are injected. The temperature of the water may be a little raised on succeeding days. The injection usually induces a lively peristaltic action, which may be irregular and cause painful colic. To the extension of the movements to the duodenum, Krull attributes the beneficial effects of the treatment, as the active contraction of this part of the bowel is likely to cause expulsion of the obstructing mucus. Chauffard regards the action as entirely reflex, the cold water inducing a strong contraction of the gall-bladder and



larger bile-ducts. Normally it is in this reflex manner that the chyme in the duodenum induces expulsion of the contents of the gall-bladder, and it seems probable that the sudden shock of a large injection of cold water would induce active contraction of the walls of the ducts.

In this country the method has been used with success by Musser and others at the Philadelphia Hospital, and it is worthy of a more extended trial than it has yet received.—*Medical News*.

#### THE TREATMENT OF DIPHTHERIA BY PERCHLORIDE OF IRON AND MILK.

In the *Gazette Hebdomadaire* of November 4, 1887, Nekkach recommends this treatment quite strongly, and, although it is by no means entirely new, it is, perhaps, worthy of notice. By this method he obtained seventeen recoveries out of twenty-two cases of diphtheria involving the larynx and pharynx.

The treatment consists in the administration of from twenty to thirty drops of the liquid perchloride of iron in a glass of pure cold water; or, better still, the patient is to take a large wooden spoonful of this water and iron mixture every few minutes, day and night. Immediately after the ingestion of the drug, the child is to take a large spoonful of cold milk, not boiled or sweetened. Cataplasms of flax-seed meal are also applied to the neck. In some instances the drug is applied directly to the part affected.

The objects attained are stated to be the prevention of further exudate, the production of a desirable astringent contraction of the tissues, and a tonic influence on the entire body.

Nekkach believes that by this means a certain curative effect is produced, that asphyxia is prevented, and that the epidemic tendency is actually decreased. The latter is, of course, exceedingly unlikely, except by a very indirect action.—*Med. News*.

THE ALLEGED CANCER BACILLUS. — The grounds adduced by Dr. Scheurlen in support of the contention that he has discovered the cancer bacillus were stated in his communication to the *Verein für innere Medicin* on the 28th ult.

The material employed consisted in specimens of mammary cancer removed at operations, and in some *post mortem* specimens of cancer of the breast, uterus, liver, and other parts. The tumors were washed in sublimate solution, and the "cancer juice" scraped off the freshly-cut surfaces by means of a sterilized knife. The culture media included pleuritic serous fluid, agar-agar, gelatine, and potato, which were inoculated in the usual way. The bacterial growth was very rapid, forming colorless films on the surface of the fluid, these films gradually assuming a brownish-yellow color. They were found to consist of bacilli  $1.5\mu$  to  $2.5\mu$  long by  $0.5\mu$  wide, long ovoids, and spore-bearing. They stained readily with various re-agents. No bacilli were found in sections of the tumors, but in cover-glass preparations of the "juice" they occurred, some of them within the cells. Six bitches were inoculated in one of the mammary glands, and in two which had died swellings had formed at the seat of inoculation, which swellings consisted of granulation cells and epithelioid cells, together with the bacilli. In the discussion on the paper, Dr. P. Guttman believed that the case had been proved, but Dr. A. Fränkel criticised it adversely, pointing out that the very rapid growth of the bacilli was against their pathogenic character, and that degenerate cells formed a favorable nidus for bacterial contamination.—*Lancet*.

PNEUMO-PARESIS.—On Monday last, at the Medical Society of London, Dr. Richardson, F.R.S., read a paper on what he termed "Pneumo-paresis." It was, he said, usually confounded with pneumonia, but there was no fever, and the disorder was preceded by a distinct chain of nervous symptoms. He described three typical cases. All three were in women, and all terminated fatally, in a few days from the onset of the disease, from asphyxia pure and simple. The physical signs were dulness, commencing usually in the bases of the lungs, but sometimes in patches, with fine crepitation at first, soon becoming moist, and in the later stages, bronchial râles. Treatment had proven useless. He had tried ergot, ammonia and nux vomica, and digitalis, in different cases, but the symptoms ran an unbroken course. Dr. Douglas Powell remarked that the cases looked

like pneumonia without fever. Dr. Hughlings Jackson suggested that acute croupous pneumonia is a variety of herpes zoster. Dr. Routh said the cases which Dr. Richardson had described appeared to him to be the condition described in young persons as atelectasis pulmonis. Dr. Angel Money said he saw little reason why the cases should not be set down as cases of genuine croupous pneumonia. He objected to the title pulmonary paresis, because in any case it was not the lungs, but the vessels, that were paralyzed. The cases reminded him of what the French called "rheumatic œdema," occurring in the lungs.—*N. Y. Med. Record.*

THE BRAINS OF CELEBRATED MEN.—At the Société de Psychologie Physiologique, M. Manouvrier read a report upon the brain of the late Dr. Bertillon, the eminent statistician, and compared it with the brain of Gambetta, which has been studied by Mathias Duval and Chudzinsky. In weight Gambetta's brain was below the average, only scaling 1,290 grammes. That of Bertillon exceeded the usual weight, reaching 1,394 grammes. It is now admitted that, other things being equal, the weight of the brain is in proportion to the intelligence of the individual, and, moreover, the greater the intelligence the greater the absolute and relative development of the frontal lobes. A comparison of the brains of Gambetta and of Bertillon shows that the former is smaller, more particularly in the anterior portion, less so posteriorly, and that the temporal region is even larger. Now, the qualities of the two men are diametrically opposite. Gambetta was active and loquacious, Bertillon was reticent and retiring. Although an admirer of oratory, he had always failed as a speaker. In Gambetta's brain the circumvolution of Broca is extremely developed, in Bertillon's it is reduced to its most simple expression. Bertillon was in his youth left-handed, but he became ambidextrous later in life. The third frontal circumvolution on the right side (the speech centre of the left-handed) is larger than the corresponding one on the left side.—*Lancet.*

REMOVAL OF A LARGE BRAIN TUMOR.—At St. Mary's Hospital, Philadelphia, on Dec. 15th,

Dr. W. W. Keen removed a tumor from the left side of the brain of a man aged 26 years. The patient was injured by a fall at 3 years of age. At 23 years of age he suffered from epilepsy with right-sided deviation of the head and eyes, followed by paralysis of the right arm and leg and aphasia. The initial symptoms of the epileptic fits pointed to the centre for conjugate deviation of the eyes, as discovered by vivisection, and largely upon this was based the accurate diagnosis and surgical treatment.

The tumor measured  $2\frac{7}{8}$  by  $2\frac{1}{8}$  inches, and was  $1\frac{3}{4}$  inches thick. It extended from the fissure of Sylvius into the first frontal convolution, and from near the fissure of Rolando into the bases of the three frontal convolutions, and weighed three ounces and forty-nine grains. We learn that the patient is doing very well; so far the highest temperature having been only  $100.8^{\circ}$ , and already primary union of the flaps has followed, except at the drainage openings.—*Med. News.*

ECHINOCOCCUS OF THE UTERUS.—At a recent meeting of the Royal Society of Physicians of Budapesth, Primarius Dr. Elischer demonstrated an interesting case of echinococcus of the uterus.

Dr. Elischer remarked with reference to this case that the occurrence of echinococcus cysts in the genital organs was very rare; so far as he was acquainted with the literature of the subject, no case of echinococcus of the uterus was hitherto on record. The cases of Spencer Wells, Geissel, Scheerenberg, Witzel, and Slavyansky, as well as those of Freund, related to echinococcus in the abdominal cavity. Only the cases of Thornton and Oldhausen were to be looked upon as echinococci of the genitals. In the case of Oldhausen, the echinococcus adhered to the uterus by means of a membrane. In the case of Dr. Elischer the cyst filled the whole cavity of Douglas, and was attached by means of adhesions to the bladder, the ligaments, the epiploon, and the intestines; the seat of the echinococcus, however, was subperitoneal, which became evident by the strong hemorrhage of the uterine parenchyma when attempts at detecting the mother cysts were made.—*Medical Press and Circular.*



OBSTINATE VOMITING NOT CONNECTED WITH PREGNANCY; DILATATION OF THE CERVIX UTERI.—Boissarie remarks that ten years ago Copeman published in the *British Medical Journal* a series of cases in which obstinate vomiting in connection with pregnancy was relieved by digital dilatation of the cervix uteri. It occurred to the author that the same plan might be applicable in cases of obstinate vomiting not associated with pregnancy. This method was therefore adopted in a case which he has narrated in this paper with a perfectly satisfactory result. The sympathy which exists between the uterus and the stomach explains the success of this plan of treatment. This sympathy, which is most evident during pregnancy, is manifested in some women with each recurring menstruation. Dilatation is therefore a rational means of treatment for troublesome vomiting in women, not only during pregnancy, but also during menstruation, and perhaps at other times.—*N. Y. Medical Journal*.

THE FRENCH PHYSICIANS AND THE NEXT INTERNATIONAL MEDICAL CONGRESS.—A speck of war has already arisen on the horizon of the next International Medical Congress. Indeed, so far as France is concerned, the tocsin has already sounded, and its clangor is mingling, even now, with the echoes of "beautiful rucktion" which the late affair created in the ranks of the profession in this country. The cause of complaint on the part of our Gallic friends is, of course, the choice of Berlin, instead of Paris, as the next place of meeting; and the French journals are just now very busy trying to find a scapegoat upon whom to lay the blame for the failure to secure the Congress. We sincerely hope that long ere 1890 our French confrères will have gotten over the present ill-humor, and will be present in force in Berlin and take that prominence in the councils there which belongs to them by right of their great skill and learning. We are sure that the Germans will meet them more than civilly, if they do.—*St. Louis Medical and Surgical Journal*.

TREATMENT OF MIGRAINE.—Rabow recommends common salt in this ailment. Its efficacy he discovered accidentally. A patient of his, a

young man who suffered from petit mal with a distinct aura, was advised by him to take a little salt at the first sign of the aura. The result was always satisfactory. An aunt of this patient had suffered for years from violent migraine, accompanied by stomach troubles, so she also took salt. "A teaspoonful for a dose with some water, afterwards." She thereby succeeded in cutting short the attacks, and sometimes preventing them altogether. Rabow has since found this treatment successful in six cases.—*Therap. Monatsh.—Med. Chronicle*.

LEMON-JUICE IN THE TREATMENT OF EPISTAXIS.—M. Geneuil, of Montguyon, writes to the editor of the *Bulletin Général de Thérapeutique*, that he has met with great success in the treatment of epistaxis, even when all other hemostatics had failed, by injecting lemon-juice into the nasal passages. He uses a glass urethral syringe, with which he first clears away clots by injecting cold water, and then throws in briskly a syringe of freshly expressed lemon-juice. If the bleeding does not cease, the injection is repeated in a minute or two, but ordinarily one is enough.—*N. Y. Med. Jour*.

A SIMPLE METHOD OF DISLODGING IMPACTED GALL-STONES.—Lawson Tait describes the following simple procedure, which he has used in one case successfully. It consists in passing a fine needle through the wall of the intestine from below (that is, from the empty part of the intestine) into the gall-stone. The stone is thus easily and immediately split up into fragments and passes readily along the intestine, and the grave complication of opening the intestine is rendered unnecessary. The operation, is, in fact, little more than an exploratory incision.—*Lancet*.

ANTIPIRYN IN HÆMOPTYSIS.—Byvalkevitch (*Med. Obsr.*) says that in ten cases of hæmoptysis of various causes, antipyrin in doses of fifteen to forty-five grains arrested hemorrhage, whilst other hæmostatics—e.g., ergot, ergotinine, atropine, etc.—had been tried in vain. He considers antipyrin as a valuable remedy in the treatment of hæmoptysis.—*Bull. gen. Therap.—Med. Chronicle*.

### Therapeutical Notes.

**GALLIC ACID.**—Gallic acid is rendered soluble in water by the addition of an equal quantity of citrate of potash. Ten grains of each will dissolve in an ounce of water.—*Med. Press and Circular.*

#### INCIPIENT ALOPECIA.—

R Spts. camphor ..... ʒijj.  
Turpentine ..... ʒi.  
Strong ammonia ..... ʒi.  
℥ Daily frictions on the head.

#### FOR PRURITUS.—

R. Acid. carbolic, pur. .... gr. 30.  
Morph. hydrochlorat. .... gr. ʒ6.  
Acid. boric. .... ʒ i.  
Vaseline ..... ʒ 8¼.

—*Revue Général de Clinique et de Thérapeutique.*

**VALERIANATE OF ATROPIA IN WHOOPING-COUGH.**—Michéa prescribes, with good results:

R. Infus. buchu. .... ʒ 30.  
Syrup balsam tolut ..... ʒ 2½.  
Atropiæ valerian ..... gr. ʒ6.  
A teaspoonful hourly, as needed.

**ECZEMA.**—M. Monin recommends the following ointment to be applied three times a day in eczema. The surface being powdered with starch in the intervals of the unction:—

R Acid citrici ..... 2 grammes.  
Aq. lauro cerasi. .... 4 "  
Ol. fap. .... 15 drops.  
Cold cream ..... 40 grammes.  
℥ Ft. ungent.

Dr. Illingworth writes to the *British Medical Journal*, commending the use of biniodide of mercury in Gonorrhœa, given in solution of iodide of sodium, as follows:—

R Liquor, hydrarg. bichlorid. .... f ʒij.  
Sodii iodidi ..... ʒ ss.  
Liq. morphiæ (B.P.) ..... f ʒ ss.  
Sodii bicarb. .... f ʒ ss.  
Zinci sulphat. .... gr. x.  
Aquæ, ad ..... f ʒ vj.  
℥ SIG.—Use as an injection.

**IODOPHENOL IN PERTUSSIS.**—Rothe prescribes

R.—Acid. carbolic. .... gr. ʒ.  
Alcohol ..... ℥ i.  
Tinct. iodin. .... gtt. 5.  
Aquæ menth. piper. .... ʒ 12½.  
Tinct. belladonn. .... ℥ 15.  
Syrup. papaveris ..... ʒ 2½.

(*Syrup papaveris* is but little used in America; its opium strength is half a grain of opium to one thousand grains of syrup, and more definite preparations of opium may be better employed.) Of this a small teaspoonful to a dessertspoonful may be given every two hours.

Rothe found that this combination of remedies reduced very distinctly the number and frequency of the paroxysms.—*Journal de Médecine de Paris—Medical News.*

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1888.

### THE HAMILTON CASE.

We are sure our readers will join with us in expressing deep sympathy with Dr. Leslie, of Hamilton, who has recently been subjected to the annoyance and worry of a malpractice suit. The evidence given at the trial established the fact that the charge of negligence and unskillfulness was utterly without foundation, but, as is usual in such cases, the verdict was of a very unsatisfactory character.

On the 25th of last May, Dr. Leslie was called in to administer chloroform to Mr. Routh, a patient on whom Dr. Wallace wished to operate for hemorrhoids. Dr. Leslie made a careful examination of the patient as to the state of his heart, and decided that chloroform might be administered. He then gave the anæsthetic



in the ordinary way with a pocket-handkerchief. When about half an ounce had been used, and just as Dr. Wallace was about to operate, the patient presented unfavorable symptoms. All efforts at restoration proved fruitless, and the patient immediately sank.

The widow and children of the deceased have since entered an action against Dr. Leslie for \$5,000 damages. The trial came off during the recent Assizes in Hamilton. A large number of medical witnesses gave evidence as to the care and skillfulness exercised by Dr. Leslie in the case. The only medical evidence contra was given by a Dr. Roach, of Toronto, who is probably about as well and as favorably known in Hamilton as in this city. At the conclusion of the trial the following questions were given, and answered by the jury :—

1. Was Dr. Leslie retained by Edward Routh to treat him for the disease from which he was then suffering; and did the defendant visit Edward Routh on May 25th to treat him for such disease? or did he visit Edward Routh merely for the purpose of administering chloroform while Dr. Wallace performed the operation at the latter's invitation? A. He visited him for the purpose of administering chloroform only.

2. Did Dr. Leslie make a proper examination of Routh, and if not, in what particular in your judgment was the examination defective? A. He did make a proper examination.

3. Was the administration of chloroform by Dr. Leslie by the medium of a handkerchief proper? A. It was.

4. What quantity of chloroform was administered during the operation? A. About one-half an ounce. And do you consider such a quantity as being excessive during the time it was administered? A. No, if properly administered.

5. Was Dr. Leslie negligent or unskilful in the administration of the chloroform to Edward Routh? and if so can you say in what manner he exhibited negligence or unskilfulness? A. We cannot agree.

The question of damages, if any be given, we propose to assess as follows: Mrs. Routh to receive \$400; the eldest daughter to receive \$100; the second daughter to receive \$200; the youngest daughter to receive \$300.

It will thus be seen that Dr. Leslie will, in all probability, be submitted to the further annoyance in the costs.

There are many points suggested by such a trial as this.

1. How very difficult it is for laymen even of the highest intelligence to answer correctly such questions as were given by the learned Judge. It is not to be expected that of their own general knowledge they could give accurate replies. How much care then should be exercised by medical witnesses to make matters plain and clear, so that the facts and opinions can be properly grasped by the jury.

2. If this case should be finally decided against Dr. Leslie, any medical practitioner, no matter what the care and skill exercised, may still be liable to a suit for damages if an accident should occur.

We know, as the result of experience, that death from chloroform will sometimes occur no matter how much care and skill are shown in its administration, and that in many of these cases, physicians have failed even on *post mortem* examination, to find any lesion to account for the fatal action of the chloroform. Fortunately such instances are few, but Dr. Leslie appears to have fallen in with one of them.

#### IRON FOR ANÆMIA.

There is probably no more common error in ordinary routine practice than that connected with the indiscriminate administration of iron in all cases of anæmia. The physician who invariably gives a mixture containing iron to anæmic patients does little or no good in half the cases, and does harm to a large number. Unless the stomach and intestines are in a condition to assimilate the iron when administered, there is simply added to the intestinal tract something which can have no effect excepting to act as an irritant.

Sir Andrew Clark recently read a paper before the Medical Society of London on "Fæcal Anæmia and Chlorosis," from which we give an extract in our last issue, referring particularly to that form of anæmia occurring in girls from 14 to 24 years of age. He considered that in a large number of cases it was due to the accumu-

lation of fecal matter in the large intestines, decomposition of the same, and absorption of poisonous products thus formed. In the treatment of such cases he thought that aperients were more essential than ferruginous preparations.

There is, of course, nothing new or original in Sir Andrew's theory. Dr. Robert Barnes, many years ago, referred to the same subject, and perhaps took a more broad and correct view when he considered that there was a vascular and nervous irritability associated with the constipation in many cases of anæmia, and advised treatment of these conditions by suitable remedies, such as digitalis, salines, etc., before administering any preparations of iron.

Dr. Emmet says, concerning these cases, that no good can be accomplished by the use of tonics, so long as the tongue remains coated and the bowels overloaded; and advises, as a preliminary part of the treatment, a course of brisk purgatives. He goes on to say that those who are apparently very much debilitated are benefited by such treatment, because the temporary prostration caused by the cathartic is followed by prompt reaction. Dr. Marshall Hall and others, have advised similar treatment.

One encouraging feature about this class of patients is that intelligent, careful treatment of each case, after studying all its peculiarities, almost invariably does good—and generally a vast amount of good. It is sad to think that in these modern days of mechanical aids to diagnosis, and wondrous varieties of physiological, pathological and therapeutical appliances, such simple matters in rational treatment are so often overlooked. In fact, one would fancy from the report of Sir Andrew's paper (in brief), which appeared in the *British Medical Journals*, that he considered he was telling something rather new, until he was reminded of the contrary by Dr. Benham. Let us be careful in these scientific days not to forget the art of medicine. Science and art should, of course, not be antagonistic; but it may happen that a skilled diagnostician and a well versed pathologist will become a very poor practical therapist.

Dr. Buniu states that syphilis may be the immediate cause of impotence.

## APOSTOLI'S TREATMENT OF UTERINE FIBROIDS.

Much interest is taken in Apostoli's treatment of fibrous tumours of the uterus by electrolysis. The paper of Dr. Rosebrugh, which we publish, describes well the history and methods of the treatment. A number of eminent men in Great Britain and on this continent have been carrying it out for some time, and report excellent results. Dr. Keith, of Edinburgh, is especially enthusiastic over it; and, although he has been the most successful hysterectomist in the world, unhesitatingly condemns the operation of hysterectomy, and advises a preliminary trial of Apostoli's treatment in all cases.

Dr. Laphorn Smith, of Montreal, in a paper published in the *CANADIAN PRACTITIONER* last month, says: "The absolute safety of Apostoli's method, and the certainty of relief from all the symptoms, render its superiority over operative procedure unquestionable." Dr. Apostoli has had remarkable success, as is admitted by all who have visited his *clinique* in Paris, and others claim very good results.

It happens unfortunately, however, that this treatment, in the hands of some, has not been devoid of danger. Whether this arises from a want of skill or not, time will show. It is certainly necessary to be very cautious and careful in pursuing this treatment, as we cannot help thinking it is accompanied with some rather serious risks. At a meeting of the British Gynecological Society, held in December, Dr. Farncourt Barnes reported a case which he had under this treatment, where only two applications of the galvanic current had been tried, yet the temperature had gone up to 103° F., and the patient was apparently dying.

## LANOLIN AS AN OINTMENT BASIS.

Recent investigations shew that lanolin, or prepared wool fat, will more than realize the expectations of those who recommended it as a good basis for ointments. It has been found that it does not undergo decomposition when exposed to the air, while under like circumstances the glycerine fats soon become rancid. The experiments of Dr. Gottstein shew that, while certain kinds of bacteria connected with putrefaction



perish in glycerine fats, at the same time another kind, which do not require the oxygen of the air for their development, may thrive in the ordinary fats. Lanolin, however, is positively inimical to the growth of micro-organisms of all kinds. The *British Medical Journal*, in commenting on these facts, says: "Therapeutically speaking, lanolin has a great future before it. Its miscibility with water in any proportion, its ready absorbability by the skin, its freedom from any tendency to rancidity, constitute it the vehicle *par excellence* for cutaneous medicaments. Its preservative properties ought also to find practical application in other ways.

### BRITISH AND CANADIAN JOURNALISM.

As an evidence of the esteem in which THE CANADIAN PRACTITIONER is held by one of the best medical journals in the world, we call the attention of our readers to the following article which appeared in the editorial columns of *The Medical Press and Circular*, (London, England,) January 11, 1887. We also invite the attention of our readers to the announcement of our publishers, on page 11 of the advertising columns.

"Any journal seeking to fulfil a useful and honorable career must place its reliance on giving the public early, accurate, and impartial information. This is especially the case with professional journals, and no cliqueism or narrowness can lead to honorable distinction. To promote useful work, and to preserve the unsullied honor of the profession is the duty of the journalist at home and abroad, and nothing can be more gratifying than to find in the Colonies and in the literature of our Canadian and American brethren a recognition of this fact. It tells of a healthy tone throughout the world of medicine, and a spirit combined with laudable enterprise and energy that insures to the profession of to-day a quick notification of the advances of science in its different branches in every country of the world. In no journals are these characteristics of commercial integrity and enterprise more marked than in those of the Great Dominion, and nowhere in the Dominion more so than in Ontario, where

Anglo-Saxon energy seems to have found a congenial home, and from the capital of which is issued our contemporary, THE CANADIAN PRACTITIONER, which has just completed its twelfth year. Of a journal which is so long and so favorably known there is little occasion to say much, but for good work, both scientific and ethical, our contemporary is deserving of more than passing notice.

Of the general excellence of its original papers and their judicious selection, the best proof is the frequency with which we and other home journals have copied them, and of the value of such a journal to our Colonial brethren, we can add nothing to the fact that the acceptance of their contributions by its editors ensures for the writer an European audience, as well as an American one. The editor well says that *bona fide* subscribers are the best test of a journal's acceptance by the profession, and judged by this, the metallic test, our contemporary has received abundant proof of its merits being recognized.

For ourselves, we wish THE CANADIAN PRACTITIONER a continuance of its honorable and useful career, and a just meed of prosperity for good and laudable work, which has done much to enhance professional usefulness, and preserve the high tone of medical ethics in the New World.

With the object of placing one of the leading British weekly medical journals at the disposal of the Profession in Canada and neighboring Colonies, we are now sending *The Medical Press* (by arrangement with our contemporary) to the entire Profession in those parts, for which we hope shortly to open a special department (as we have already done in other countries), so that readers and writers in the Mother country and her dependencies will, for the first time in medical journalism, be in weekly inter-communication."

### THE BRITISH MEDICAL ASSOCIATION.

That greatest of all medical organizations, the British Medical Association, is becoming old enough to be respectable, and will soon be rather venerable. The fifty-sixth annual meeting will be held next August in Glasgow. Only

two meetings of the Society have been held in Scotland, in 1855 and 1875, and on both occasions in Edinburgh. The coming one will therefore be the first ever held in the busy, smokey old "second city of the Empire."

The meeting will be held in the buildings of the University of Glasgow, under the presidency of Dr. W. T. Gairdner, where provision will be made for the meetings of all the sections. The arrangements for the working of the different sections are being rapidly completed.

#### NOTES.

Japan has a continuous history of medicine for nearly five thousand years.

The *Medical Press and Circular* is in the jubilee year of its existence, having been established in 1838.

Dr. Edward Pritzl, first assistant in Karl Braun's Clinic, Vienna, died from septic infection, contracted from a puerperal case.

M. Brouardel, of Paris, described typhoid fever as more dangerous to men than cholera, at the recent Hygienic Congress at Vienna.

Dr. Milne, and the High School Board of Trustees, of Victoria, are agitating for the establishment of a Provincial University for British Columbia.

The Austrian Minister of Education has issued a decree forbidding the use of school books printed in small type, as myopia is so prevalent among the school children.

Pinna reports a case in which a large splenic tumor of malarial origin disappeared after three injections of three-quarters of a grain each of ergotone, repeated at intervals of several days.

Dr. Sommerbrod, of the Breslau University, expressed the opinion that the Crown Prince is suffering from simple perichondritis with abscess formation, and not of cancerous nature.

Madame Boucicault, late proprietress of the Bon Marché, Paris, left £800,000 for the

foundation of a hospital, one of the conditions being that the nursing shall be done by Sisters of Mercy.

We take this opportunity of acknowledging our great indebtedness to Dr. E. E. King, for his able assistance in the management of the PRACTITIONER when he had time to spare from an increasing practice.

A scheme is on foot to establish a floating hospital in the North Sea, for the benefit of the fishermen at sea. It is estimated that 12,000 men constitute the English speaking portion of the floating population in the North Sea alone.

Dr. William A. Hammond, of New York, is making efforts to repress certain persons who have been using his name for advertising purposes. One patent medicine firm has already eaten of sad pie, and a corset manufacturer is charged with libel.

Dr. Sahli has communicated a very interesting and perhaps unique cause of gonorrhœal cutaneous metastasis. Microscopical examination of the pus taken from the cutaneous abscess revealed masses of the typical gonococci within the pus cells.

It is stated that Prof. Seguin and Dr. Godfrey dissected the carcass of Barnum's elephant Alice, burned last November, and found in the stomach over three hundred pennies, a piece of lead pipe, part of a pocket knife, and other equally light articles of diet.

Dr. Vonwedekind (*N. Y. Record*) states that a diagnosis can be readily made between a drunken and a dying man by pressing on the supra-orbital notches with a steadily increasing force. The dying will not be affected, but the drunken will be aroused sufficiently to demonstrate his vital powers.

Dr. Edgar Kurz (*Journal of Insanity*) reports two cases in which internal urethrotomy was followed by temporary melancholia. The operation was performed without accident, and resulted in a cure of the stricture in each instance.



The melancholia was noticed shortly after the operation, but disappeared completely within a few weeks.

M. Zola, in his last novel, depicts an intoxicated ass, and concludes with an account of the animal in the throes of sickness. A veterinary surgeon differing with M. Zola, in maintaining that an ass could not vomit, and was referred by the celebrated novelist to his studies. *The Lancet* gravely discusses the matter, and agrees with Zola that the horse and ass may vomit, though with great difficulty.

We cordially thank our friend, the erudite editor of the *New England Medical Monthly*, Dr. William C. Wile, for the following note which appeared in a recent number of his ever progressive journal:

"We note with considerable pleasure the improvement in the cover of THE CANADIAN PRACTITIONER. We are sure that this evident sign of prosperity in our esteemed contemporary is merited by its most excellent and varied monthly table of contents."

Dr. Temple, of Toronto, (*Canada Lancet*), recommends intra-uterine injections of whiskey or brandy in the treatment of post-partum hemorrhage. In certain cases he has found the brandy act promptly and efficiently after hot water had failed to do any good. It causes rapid uterine contraction, and at the same time stimulates the heart, giving the patients a sensation of warmth and comfort. The Doctor's directions are: remove all clots from uterus, and then inject a tumblerful of clear brandy or whiskey.

THE ELLIOTT CASE SETTLED.—It will be remembered by many of our readers that Dr. Elliott, now of Aberdeen, Dakota (a student of Toronto School of Medicine and graduate of Victoria University), sued Larbor, a farmer whose wife it was claimed was the victim of Elliott's lack of professional skill. The case engaged the attention of a Columbia Justice, the District Attorney, and a crowd of witnesses at Columbia last summer. The charge was manslaughter, and the examination resulted

in the discharge of the doctor. Larbor has settled by paying all demands of Dr. Elliott and the costs.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, Jan. 12th.

#### CASES IN PRACTICE.

Dr. Doolittle gave notes of two cases recently under his care—one of vulvitis and vaginitis, the other of intestinal obstruction. In both cases the diagnosis had been obscure.

Dr. Graham related the following history of a case of Graves' Disease ending fatally:—The disease first showed itself in enlargement of the thyroid gland twelve years ago, when the patient was 44 years old, and two years subsequent to his marriage. This gradually increased, but unequally in the two sides. Two months ago attacks of dyspnoea began, accompanied by emaciation and prominence of the eyeballs. The action of the heart was increased, and a systolic bruit could be heard in a line with the third costal cartilage and down the sternum, but not at the apex. On returning from the office after a hard day's work, the patient was suddenly seized with violent vomiting, and died in a few days.

#### URÆMIC POISONING RESULTING FROM THE ADMINISTRATION OF ETHER.

Dr. Graham gave the following notes of this case: The patient had been operated upon for intestinal obstruction by Dr. McFarlane, only a small amount of the anæsthetic being given. On the third day thereafter the patient died with uræmic symptoms, and the *post mortem*, made by Dr. W. H. B. Aikins, showed the kidneys to be intensely cirrhotic, but the intestines normal. Previous to the operation the urine was carefully examined and found normal, as were the heart sounds, nor were there symptoms of diabetes.

Dr. McPhedran thought an inflammation of the kidneys might result from the ether.

STATED MEETING, Jan. 19th.

Dr. Graham presented the specimens and related the following history of a case of

GRANULAR KIDNEY WITH EXTENSIVE HYPERTROPHY AND DILATATION.

J. B., a potter, aged 39 years, entered the hospital December 20th, 1887. Family history good. Was subject to attacks of ague for a period of six years, these ceased four years ago; otherwise he had been healthy. Two years since, he caught cold in the harvest field, neglected it, and remained subject to a severe cough all the following winter and spring. This cough returned in January, 1886, accompanied by shortness of breath on the least exertion. In summer the spasms of coughing increased in severity and frequency, rendering him very weak. Shortly before this cedema appeared in the limbs, coming and going at intervals—being most intense after each spasm of coughing. When he entered the hospital the dyspnoea was intense, the face pinched, anxious and dusky in appearance. There was no pain complained of. Pulse 108, irregular and weak. Temperature 95°, remaining so for ten days. Respirations, 42. On examination no bruit was perceptible in cardiac region. The apex beat was not observable on inspection and on palpation was found very weak and diffused. Cardiac dulness extended from two inches to the left of the left nipple to the right nipple, and from the third to below the sixth interspace. The infra clavicular regions were depressed. The respiratory movements were in excess on the left side, while the sounds were short and labored. On the back the vocal fremitus diminished towards the base, and small mucous rales were heard over the greater portion—these almost disappeared later on. No special dulness at either base. The urine was scanty, spec. grav. 1025, and highly albuminous. The patient died January 4th. At the autopsy, both pleural cavities were found filled with serous fluid. Right lung adherent throughout, and left slightly. Left lung œdematous; right congested in upper lobe and fibrous in lower. The pericardium contained .8 oz. of serous fluid, the heart being adherent to the pericardium on the left side. The whole heart, and especially the left ventricle, was greatly hypertrophied and dilated. The valves were free. The kidneys were contracted and their capsules adherent. Several cysts were present,

and cicatricial tissue dipped down into the kidney substance. Weight, 5 and 6 oz. respectively.

Remarking on this case, Dr. Graham said that it presented several interesting points in diagnosis and pathology. It was difficult to distinguish between the enlarged cardiac area due to hypertrophy and dilatation, and that due to pericardial effusion. The amount of the effusion probably accounted for the weakened pulse and heart impulse. The heart symptoms were all along the more prominent. It might be supposed that the changes in the heart and kidneys were almost synchronous.

Dr. McPhedran thought the enlargement of the right ventricle sufficient to prevent the apex striking the chest wall, thus explaining the weakened impulse. A fluid effusion may sometimes convey sound.

Dr. Spencer had obtained relief in a somewhat similar case from strophanthus, given in doses of ℥ v. *ter in die* in water. The heart beats dropped from 100 to 70, and the daily excretion of urine increased from 8 to 30 oz.

Dr. Ferguson had used strophanthus with advantage in doses of gr. x. *bis die*.

Dr. Graham was not inclined to accept the statement of Mahomet, that 75 per cent. of the cases of granular kidney died without the lesion being discovered. Failure was often due to careless examination of the urine.

Dr. Graham then read a paper upon Pityriasis Maculata et Circinata, which will appear in next number.

D. J. GIBB WISHART, M.D., *Sec'y.*

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## Correspondence.

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### LETTER FROM NEW YORK.

(EMMET'S CLINIC.)

CHRONIC CYSTITIS.

I have seen a fair number of cases of chronic cystitis treated by Emmet's method of making an opening between the vagina and bladder. Those who have employed it speak favorably of it. Emmet cuts down upon the end of a large sound passed through the urethra, enlarges the opening so that it admits the index finger easily, brings the vaginal and vesical



mucous membranes carefully together with catgut, and keeps them thoroughly and constantly anointed until the parts are thoroughly healed. This last precaution is adopted with a view to prevent the deposit of phosphates upon the denuded surfaces. Mineral acids are given internally, with the same object. The fistula is kept open for several months after the bladder appears to have regained its normal condition, which may mean six or nine months in all; if there is any relapse, the fistula is reopened and maintained for a longer time.

A large number of cases of irritable bladder presented themselves at the Woman's Hospital. A good proportion of these suffered from disease of the utero-sacral ligaments, these ligaments contracting dragged upon the urethra, giving rise to a constant desire to pass water. The majority of these women had for years been subject to a severe course of treatment, including the application of all kinds of caustics to the urethra, their symptoms all the time becoming worse rather than better. Under appropriate treatment, such as the thorough use of the hot vaginal douche, and painting the posterior vaginal vault with Churchill's iodine, and thorough packing with tampons of cotton batting—not absorptive cotton—smeared with vaseline, they improve very promptly.

Several cases were seen where there was no trouble posterior to the uterus, and none in the urethra, and yet these women spent one quarter, if not more, of each night on the chamber, passing but a few drops of water at a time; and this attended with considerable discomfort in the immediate neighborhood of the bladder, as well as in various and changing points in the abdomen higher up. Sometimes these sensations are provoked by touching certain points upon the mucous membrane of the bladder with the sound. If the bladder is much contracted, gradual dilatation by means of a hot solution—Boro glyceride— injected with a Davidson's syringe until it is possible to introduce eighteen or twenty ounces at once, will give complete and permanent relief.

#### CARUNCLES OF THE MEATUS.

Caruncles of the meatus are thought by Dr. Emmet to be almost invariably an eversion of

the mucous membrane of the urethra, as the result of an injury inflicted during labor.

His mode of treating these cases is to pass into the bladder a full sized sound, from the vagina an incision is made, say three-quarters of an inch long, upon the portion of the sound situated in the urethra; this incision extends to, but not through, the mucous membrane of the urethra, this is caught up upon a tenaculum and drawn into the wound until the so-called caruncle disappears; now the stitches are introduced, the surplus urethral mucous membrane snipped off with the scissors, the wound brought together and the sound removed.

More annoying if possible than the caruncles themselves, is the incontinence resulting from external shortening of the urethra, following the continued application of the stronger caustics for the purpose of removing these supposed growths. The same condition may be brought about by the removal of the protruding tissue by the scissors, ecraseur or galvano cautery.

The explanation of the incontinence seems to be that the normal arrangement of the folds of mucous membrane of the bladder, which up to a certain degree of vesical distension controls the flow of urine from the bladder, is interfered with, they fail to close opening to the urethra exactly, and a more or less constant dribbling takes place.

Dr. Emmet remedies the difficulty in this way; he slightly dilates the meatus, and with a small blade divides transversely the mucous membrane of the floor of the urethra about a quarter of an inch from the meatus; this incision is carried up to the centre of the tube on either side, a sound is passed into the urethra and an incision rather more than half an inch long is made from the vagina down to and through the mucous membrane of the urethra. The second incision is made in the axis of the urethra, and therefore at right angles to the first. The anterior extremity of the second incision should just come into the centre of the first. Now, if traction is made at the meatus, the first or transverse incision becomes a longitudinal one, and while in this position the wound is closed, and the length of the urethra in this way increased by a full half inch. The traction is removed and the incontinence and irritability

cured, as I have seen demonstrated in several cases.

I apologize for the careless way in which these notes are written, and promise to do better in my next from London. Yours truly,

LESLIE M. SWEETNAM.

NEW YORK.

### Books Received.

*Fever Nursing.* By J. C. WILSON, A.M., M.D. Philadelphia: J. B. Lippincott & Co., 1888.

*The Treatment of Neuralgia in General Practice.* By GUSTAVUS ELIOT, A.M., M.D., New Haven, Conn. Buffalo, 1887.

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S. A new American edition from the eleventh English edition. Colored Plates. Philadelphia: Lea Brothers & Co., 1887.

*Transactions of the American Dermatological Association at the Eleventh Annual Meeting, held on 31st of Aug. and 1st of Sept., 1887, Official Report of the Proceedings by the Secretary, G. H. TILDEN, M.D., Boston, 1887.*

*A Manual of Medical Jurisprudence, with special reference to Diseases and Injuries of the Nervous System.* By ALLAN MCLANE HAMILTON, M.D., etc. With illustrations. Price \$2.75. New York: E. B. Treat, 771 Broadway, 1887.

### Personal.

Dr. L. M. Sweetnam is now in London, Eng.

Dr. Krauss has removed to 29 Elm Street.

Dr. Ewing has passed the examination for the M.R.C.S. Eng.

Dr. Grant has been appointed Associate Coroner in and for the County of Lanark.

Dr. Montague was sustained for Haldimand, the election petition being dismissed with costs.

Dr. G. R. McDonagh has removed to 321 Church Street.

Drs. F. S. Heath and L. Secord, of Brantford, have been elected Alderman.

Dr. McKay, Woodstock, seconded the Address from the Throne.

Prof. Asa Gray, of Harvard University, the eminent scientist and First among American botanists died on Jan. 30th.

Drs. W. W. Ogden and R. A. Pyne, of Toronto, have been re-elected to the Board of School Trustees.

Gustav Bernutz, the distinguished French gynecologist, died at Sedan, in December, of heart disease.

The English weeklies announce the death of Sir George Burrows, aged eighty-six, formerly physician to the St. Bartholomew's Hospital, and Physician in Ordinary to the Queen.

*Medical Science*, published by the quartette of astute editors, Drs. Bryce, Nattress, Strathy and Nesbitt, is taking a prominent place among the medico-sanitary journals of this Continent.

Dr. Wesley M. Carpenter, of New York, editor of the *Quarterly Epitome*, and Clinical Professor of Medicine in the Medical Department of the University of New York, was found dead in his bed on the morning of the 7th of January.

Dr. Laenger, the chief physician at the Vienna Hospital, attempted suicide recently by morphine. He was promptly treated by tracheotomy, and the mechanical inflation of the lungs through the opening (Fell's method), and recovered.

### Births, Marriages, and Deaths.

#### MARRIAGES.

CAMERON-JONES.—On the 11th ult., at the residence of the bride's father, by the Rev. W. H. Hincks, of Preston, John M. Cameron, M.D., of Galt, to Carrie A., youngest daughter of Jesse Jones, of Doon.

FRASER-MCCULLOCH.—At the residence of the bride's mother, Stratford, on Wednesday evening, Jan. 25, 1888, by Rev. Canon Patterson, M.A., Dr. D. B. Fraser to Emily, youngest daughter of the late Col. W. F. McCulloch.

NOECKER-EDMUNDS.—At the residence of the bride's father, "Glenmeadow," Hawkesville, by the Rev. James Walker, of Eramosa, on the 28th December, Charles T. Noecker, M.B., of Waterloo, to Roxana Henrietta, third daughter of Brooks Edmunds, Esq.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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 Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, MARCH, 1888.

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### Original Communications.

#### CASE OF ABDOMINAL PREGNANCY AT FULL TERM: UTERUS BICORNIS UNI- COLLIS; OPERATION; RECOVERY.

BY JAMES F. W. ROSS, L.R.C.P. LOND., ENG.,

Physician to the Woman's Hospital, Toronto.

Mrs. H., aged 30 years; married ten years; mother of two children. Had one miscarriage between first and second pregnancies. Five years have elapsed since last pregnant. On Sept. 26, 1886, she became ill with sudden pain in the stomach. Her physician was sent for. Lost considerable blood per vaginam, for about a week, when it ceased. A swelling was felt on right side, about size of a large orange, in the iliac region. A great deal of pain was experienced. Her physician was in constant attendance for two months, during which time she was confined to bed. When she got up, was quite "large with child," as she put it. The lump, she thought, had gone away. The legs swelled from knees to thighs. The right side continued larger than the left. Life was felt chiefly on left side. Breasts hot and large; milk came in them, and they frequently "caked." She felt life first at end of November, 1886, and felt it until April 15th, or two weeks before the operation.

On March 14, 1887, there was a very slight discharge with very little color, but some watery fluid followed this. Pains came on and the friends thought that the baby would be born before the physician could be obtained. The

doctor arrived and remained for a time. He was in attendance every day or two, for these supposed false pains, until April 15th. He often said, "those are something like pains," and returned a few hours later to find pains gone and no further progress made.

On April 15, the pains were severe all day. The doctor was in attendance that night. The pains ceased then, and never returned. There has been, however, a soreness across the stomach since. Milk then left the breasts.

On April 28, the os, being dilated with the finger, pieces of placental debris were removed from an empty uterus, and abdominal pregnancy diagnosed. The cervix was comparatively small. Finger could not reach fundus. The child's head could be felt in pelvis, and the cervix could be traced up to body of uterus, which was felt comparatively small and contracted, and pressed backwards and to left side. Patient was supposed to be two weeks over full time. Urine normal. Removed to Woman's Hospital.

April 29. Vomited; diarrhoea present.

April 30. Temp. 101°, pulse 130; feels very faint; constant feeling of soreness.

May 1. Enema, followed by large movement of bowels. Consultation held. Examination under ether, with instruments ready to proceed if thought advisable. Drs. Temple, Cameron, J. Ross, sen., and myself examined her and decided to proceed. Dr. Nevitt gave ether. A second opening was found during vaginal examination into another uterine cavity, to right side, proving the uterus to be a "uterus bicornis uncollis." All favored the diagnosis of abdominal

pregnancy. I made an incision in median line about seven inches long. The pre-peritoneal fat was very abundant and extremely vascular. Instead of incising, I tore it upon a steel director and exposed the peritoneum throughout the length of the wound; stopped all hemorrhage, and then opened the peritoneum. On passing in the finger I found extensive adhesions towards pubes in front in the line of the incision. While passing finger to left side, a gush of watery, dark-colored fluid took place, and a rent could be felt where the sac had ruptured, allowing this brownish-colored liquor amnii to escape into the peritoneal cavity. Passing the finger into the sac the limbs of the fœtus could be felt. The walls of the sac were very soft, tearing like paper, and very vascular. I put a clamp on each side and divided the wall between them; then took a foot, and gradually delivered a half-macerated male child, well developed, well nourished, and weighing about eight and a-half to nine pounds. A large quantity of meconium, that had been evacuated from the fœtus into the sac some time before operation, began to escape from the wound. The peritoneum was protected by sponges and absorbent cotton. The omentum was firmly adherent to sac above and bladder to it below. The navel string was tied previous to delivery, to prevent any pulling on it that would endanger the separation of the placenta. A quantity of vernix-caseosa, separated from the body of fœtus after its death by the action of the liquor amnii, was found lying at the bottom of the sac. The placenta was of the battledore formation; was situated on the right anterior and lower wall of the sac, and its edge came to within half an inch of lower angle of the incision. A large depression was left in the left iliac fossa. The bladder was found, by means of the sound, to be pushed well under the pubis towards the left side. The sac was thoroughly cleansed, as was also the peritoneal cavity, with plain boiled water; the sac walls were cauterized and the clamps loosened, but as the blood oozed from the cut edges, they were stitched with silk all the way round to effectually prevent bleeding. The edges of the sac wall were then stitched to the peritoneum and abdominal wall. An extra thick silk suture was passed through the abdominal

wall, sac wall, and again through the abdominal wall, at the upper and lower angles of the wound. A large glass drainage-tube was inserted, and put well down into the depression previously mentioned in the iliac fossa and within the sac. No drainage-tube was put in the peritoneal cavity. The navel string was left hanging from the lower angle of the wound. The wound was then closed with silk sutures and the edges carefully approximated. Iodoform was dusted over the surface, Lister's gauze tow, and a flannel roller completing the dressing. Considerable retching followed the operation during the afternoon. The urine was passed without difficulty. Some small clots of blood came from vagina during micturition. The sponge over drainage-tube was changed every two or three hours, and the wound kept absolutely dry by means of rubber tissue. Nothing allowed by stomach for 48 hours. The temperature fell as usual to 98·8°, pulse to 106, and then to 94.

May 2. Considerable flatulence; some pain on passing urine; dressings looking very clean, and left unchanged; urine strongly ammoniacal.

May 3. Changed dressings; everything looking well; nose bled a little.

May 4. Catheter used for urine. Temp. 100·2°, pulse 84.

May 5. Washed out sac carefully with solution of bichloride of mercury 1-10000; gave vaginal douche; enema of warm oil, followed by soap and water; bowels moved comfortably; temp. 102·6°, pulse 100; complains much of heat; slight cough developed; moans and sighs; no pain; sponged with alcohol and water; nausea; restlessness.

May 6. Vomiting; temp 103·2°, pulse 106; nothing but ice given by mouth; discharge from tube much brighter; atoms of placental debris coming away when sac is washed out; brandy and soda water; napkin over labia soiled, rather offensive.

May 7. Sac washed out twice a day; odor of discharge very strong; wound healing by first intention; champagne; enema of whiskey and milk; temp. 100·6°, pulse 108; slight chill; temp. 103·4, pulse 108; vomiting continues; nutritive enemata.

May 8. Saw her husband for few moments,



for first time since operation; temp.  $102^{\circ}$ , pulse 124. Piece of placenta came away when removing sponge, about 4 in. long, dryish, filling up the tube. Perspiration.

May 9. Grumous material, very offensive washed out; temp.  $98.4^{\circ}$  to  $101^{\circ}$ , pulse 106. Tube washed every 15 minutes; discharge like coffee grounds.

May 10. Took out superficial stitches, and supported wound with plaster, keeping it still absolutely dry.

May 11. Discharge now oozing around the tube; abdomen flattening.

May 13. Tube still washed every 15 or 20 minutes without awakening patient.; put in larger tube, a Fergusson's small size speculum. Temp.  $102^{\circ}$ , pulse 100; cavity irrigated twice a day, with 3 quarts of 1 in 10,000 sol. bichloride of mercury; larger pieces of placenta washed out.

May 22. Pain in left groin; temp.  $102.2^{\circ}$ , pulse 90; pain in abdomen.

May 24. Left leg swollen and painful; femoral vein hard and cord-like; phlebitis; wrapped leg in flannel; temp.  $101^{\circ}$ , pulse 92.

May 26. Another chill.

May 27. Discharge of blood, probably menstrual, per vaginam.

June 2. Another chill; temp.  $102^{\circ}$ , pulse 124.

June 6. Tube feels hard.

June 7. Rubber tubing substituted for glass. The rubber tubing was gradually diminished in calibre and length until the wound would no longer allow of its introduction. Patient made a splendid recovery, and is now enjoying excellent health.

I attended to all details of washing the sac for at least 10 to 14 days myself. Every manipulation was gentle for fear of disturbing the adhesions of the sac wall to the peritoneum. After these were firm, I several times introduced my forefinger into the sac with impunity. As these cases rarely survive the septic infection of the putrefying placenta that must of necessity be left behind, I thought the after details might interest others, and have therefore, given a perhaps over-full history of the case.

The foundation stone of the polyclinic in Rome was recently laid by the king of Italy.

## HEREDITARY SYPHILIS IN ITS RELATION TO THE EYE.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.S. ED.,

Professor of Diseases of the Eye, Ear and Throat, in Trinity Medical School.

(Abstract of Clinical Lecture delivered at Eye and Ear Department, Toronto General Hospital, Feb. 13, 1888.)

GENTLEMEN,—I present two cases to-day of interstitial inflammation of the cornea, probably the result of hereditary syphilis. I say probably, because I have made no enquiries of the mothers as to the primary disease in themselves or husbands, for obvious reasons, it is often impolitic, and in many cases the results of enquiry are negatived. Occasionally proof is forthcoming in a striking way. For instance, some eight years ago, I was consulted by a gentleman with regard to commencing optic atrophy and spinal sclerosis of acknowledged specific origin. In May, 1886, his daughter, aged ten, was sent here to be treated for interstitial keratitis. The other signs of hereditary syphilis were present. A few months ago an Italian woman brought her child, aged eight years, to me with the same form of eye disease. She told me that her two elder children were healthy, but this, the youngest, had always been delicate, and stated that before it was born she took a child to nurse, the child had the "bad disease." She had a sore nipple, and spots on the skin, and was very ill from it for a long time. I might add several similar histories of cases, but will not detain you longer on this point.

The patient is, as a general rule, the eldest child. When not, as in the case just cited, the parent or parents have been infected subsequent to the birth of the elder children. Females are more often attacked than males. The average age is ten years. It never begins after the twenty-sixth year, nor have cases been recorded of keratitis occurring before the second year. It occurs also, no matter what are the circumstances in life of the parents, rich or poor, well fed or ill-nourished, inhabitants of cities or of the country.

The subjects of interstitial keratitis present certain peculiarities of physiognomy which deserve especial mention. The complexion has a peculiar pallor, the skin is coarse, the bridge of

the nose generally flat and sunken, and the forehead square. About the mouth are radiating scars of former ulcerations. The ends of the long bones are often enlarged and thickened, as in one of the patients presented to-day. The teeth present certain well-marked and characteristic peculiarities in the permanent set.\* They are usually short and narrow, with a broad *vertical notch* in their edges, and their corners rounded off. *Horizontal* notches are often seen, and have nothing to do with syphilis. *The central upper incisors of the second set are the test teeth.*

It will be inferred from the foregoing that my remarks apply principally to interstitial inflammation of the cornea. It manifests itself generally in both eyes, by a vascularity of the margin of the cornea with interstitial deposits of lymph in the cornea, beginning for the most part at the lower edge, and creeping over and into that structure until it has become quite opaque and of a uniform salmon-red color, on a dirty gray background. It is attended with little or no pain. A certain amount of photophobia and lachrymation is present. The disease runs its course, without treatment, in from three to six months, leaving a permanent defect of sight. Under constitutional and local treatment, six weeks to three months is the usual duration. Sometimes recovery is made without any defect of sight remaining, but oftener a decrease in vision is left. A history can generally be obtained of snuffles, anal nodes and scaly eruptions on the feet and hands in infancy.

Iritis often occurs in young syphilitic infants, as does also retinitis and choroiditis. Choroiditis in young children may be said to be almost invariably the result of hereditary syphilis.

*The treatment* consists in the administration of mercury in small doses, in a mild form, as chalk mixture, cod liver oil, iron in some of its forms, maltine. The patient should not be shut up in the dark, but sent out every day with the eyes properly shaded. Locally atropine fluid extract of belladonna and cocaine will be found useful. Occasional blisters to the temple are also of use.

These innocent victims of a loathsome dis-

\* Jonathan Hutchinson's Syphilitic diseases of the Eye and Ear, London, 1863.

ease present one of the most painful spectacles within the range of a physician's observations. I believe the best preventive to be enlightenment of youth as to the dangers of the path he treads so lightly and thoughtlessly. It rests with the profession to make known the ultimate and far-reaching horrors of the "modern pest."

## PITYRIASIS MACULATA ET CIRCINATA.

BY J. ELLIOT GRAHAM, M.D., TORONTO.

(Read before Toronto Medical Society.)

This rare form of skin disease was first described by Gobert in 1860, and named by him Pityriasis Rosea. Bazin and Hardy afterwards described the disease under the name of Pityriasis Muculata et Circinata. On this continent Dr. Duhring has given the affection special study, and an exhaustive description is given in the October number of the *American Journal of Medical Sciences*, 1880.

The disease is of mild character, lasting from one to three months, and passing off without sequela or complications. "It is essentially an inflammatory condition, and consists of an eruption of a discrete or confluent maculæ or slightly raised maculo-papular lesions, usually the former, varying in size from a pin's head to a silver dollar. The surface of the patches is always dry, and more or less scaly, the desquamation being furfuraceous and, as a rule, scanty, similar to that of tinea versicolor or tinea circinata." (Duhring.) The color yellowish or reddish-brown. There is a tendency to heal in the centre of the patches, a circumstance which makes it often extremely difficult at first inspection to differentiate between this condition and ringworm. It occurs most frequently on the front of the chest and on the scapular regions. I have met with two well marked cases of this disease. Their history I will now read you.

CASE I. Mr. S., a medical student, aged 21 years. Family and previous history good. About Nov. 5 he noticed a small red spot over the left inguinal region, of which little notice was taken at the time. Three days later the spot became circular in shape, about the size of a five-cent piece, and other spots were noticed in the neighborhood. In a day or two after-



wards a rash appeared over different parts of the trunk, and presenting characteristics similar to those already described. The original spot enlarged, being somewhat depressed in the centre, and slightly elevated on the margin, presenting an appearance not unlike that of *tinea tonsurans*. Some scales were scraped off and examined under the microscope. No spores were detected. The spots took the form of circles, and ran into one another. None of the subsequent spots became as large as the first one, which, on the fifteenth day, was a little larger than a twenty-five cent piece, but more oval in shape. About the twentieth day of the disease the spots were covered by furfuraceous scales. After this involution and desquamation occurred, followed by a general fading and disappearance of the disease. There were not more than a half-dozen spots on the arms and none on the legs. The eruption was attended by very little irritation, and no febrile disturbance. The disease lasted altogether about six weeks. No treatment, either of external or internal character was adopted, so that we have in this history a description of the course of the disease quite uninfluenced by medicine.

The second case in a Mrs. W., the wife of a barrister in good circumstances, sent for me in February, 1887. She was about thirty-seven years of age. Married about ten years. No children. She had previously enjoyed good health. Her only ailment was a chronic womb trouble. She had a family history of gout and eczema, but no other hereditary taint. I did not see the patient until about a week or ten days after its onset, so that I did not observe the commencement of the disease. When I first saw her, she presented an eruption over the trunk, more particularly over the lower half of the abdomen. Some spots existed over the upper part of the thighs. They were circular or oval in form, and of a tawny or reddish-yellow color. Some were about the size of a ten cent piece, and a few as large as a twenty-five cent piece.

In a few days they became scaly, the largest spot then reached the size of a fifty cent piece. It presented a circular appearance with normal integument in the centre. After the eruption had been about four weeks in

existence it gradually disappeared. The patient did not at any time complain of any constitutional disturbance, she did, however, complain of itching, which was worst at night. She had not previously suffered from any skin affection, and she has since been in good health. As she had at times complained of rheumatic pains, I gave her bicarbonate of soda internally, and ordered a mild emollient ointment for the skin. The duration of the case did not seem to be influenced by the remedies used. It lasted about seven or eight weeks. We have here the histories of two cases of mild skin eruption running a very similar course, and presenting very similar appearances. It will be noticed how closely the description resembles that given by Dr. Duhring. In both cases the duration was shorter than the average.

The most important point in the subjecting of this ailment is the diagnosis. It may be mistaken for *tinea circinata*, *tinea versicolor*, *seborrhœa corporis*, *lichen ruber* *psoriasis* and *syphilis*.

The resemblance between it and *tinea versicolor* is often very close. The principal points of difference are the more rapid onset of this disease in *pityriasis*, and that in the active stage, it presents a redder appearance. A positive diagnosis between the two conditions can be made by the microscope.

*Tinea circinata* can also be distinguished by the microscopical examination. *Seborrhœa corporis*, is a rare affection of the trunk, and does not present the round or oval patches, such as we have described.

The very chronic nature of *lichen* and *psoriasis* ought to be sufficient to distinguish between them and the disease we are now considering. It might here be mistaken for a recent outbreak of *psoriasis*. It is more difficult to exclude *syphilis*. *Pityriasis* does resemble the macular, and papulo squamous *syphilide*.

In the cases given there was no history of *syphilis*, and the subsequent good health of both patients proves its absence.

The lesion is a very striking one, and unless the physician knew the nature of the disease, he would be very much perplexed about it, as it runs a limited course and disappears spontaneously. No particular treatment is required.

## THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

(Continued from page 146.)

### DR. MARTIN'S MODIFICATIONS.

The modifications of the Apostoli treatment, as introduced and practised by Dr. F. H. Martin, of Chicago, are as follows:—

1. He uses an animal membrane electrode.
2. He uses specially constructed intra-uterine electrodes.
3. He uses intra-uterine electrodes instead of galvano-puncture.
4. He has introduced a definite system of electric dosage.

The animal membrane electrode has already been described. The intra-uterine electrode is described by Dr. Martin (*N. Y. Medical Record*, 17 Dec., 1887,) as follows:—

"The metal that constitutes the active surface of these electrodes is platinum wire in spiral, (Fig. 5, *b*) wound over soft copper wire of the required diameter. This portion of the electrode is connected with the handle of the electrode, where it receives its attachment to the battery by means of an extension of the flexible copper wire or core incased in a soft rubber insulator. This insulated portion with its insulator is of the same diameter as the platinum part of the sound, and is therefore small enough to enter the uterine canal. Upon the distal end of the platinum portion is a screw-attachment, upon which a small, hard rubber tip, about two millimètres in length, is attached. This tip is bulbous, and from its shape and material will follow the canal readily. One may at once see that these electrodes can be made of any required diameter to suit the exigencies of the particular case in hand, this depending, of course, upon the size and permeability of the uterine canal. I have confined myself thus far in my work to two diameters. They are of 3 and 5 millimètres, and are called respectively No. 3 and No. 5. Other sizes can be ordered of the instrument-makers on the same basis of nomenclature—the diameter required stated in millimètres. Of

each of these two diameters, as I have stated, I had constructed two electrodes—one of 4 sq. ctm. metal surface, the other of 2 sq. ctm. metal surface. Of course, the length these active surfaces occupy on the different electrodes depends upon the diameter of the particular electrode. If it is 3 millimètres in diameter the 4 sq. ctm. will occupy about 45 mm. in length of the instrument; if it is 5 mm. diameter the same surface, 4 sq. ctm. will occupy but about 26 mm. in length of the instrument. In ordering, then, an electrode from the instrument-maker, the diameter of the instrument and the strength of current to be used with it should be stated. Thus if an electrode is required of 3 millimètres in diameter, and the current to be used with it is 100 milliampères, simply order a 100 electrode; if a 100 milliampère current is too high, order a  $\frac{3}{5}$ , which will indicate an electrode 3 mm. in diameter with a surface which will require, to check hemorrhage, a 50-milliampère current."



FIG. 5.

*Exact Dosage in Uterine Electrolisis.*—Dr.

In a private note written in November last, Dr. Martin says:—"I exhibited my electrodes at the Congress at Washington, and Apostoli took a set home with him, determined to try them." He also says, "unless you have a very peculiar case indeed, I do not think it best to use intra-vaginal puncture. In my experience of a large number of cases, I have never been driven to that alternative but once, and my success has been very gratifying indeed. If it is possible to reach the interior of the uterus with an electrode it is better under all circumstances to do so, and the treatment is just as effective if the proper current is used."



Martin seems to be the first to attempt a definite system of exact dosage in uterine electrolysis. In this system he claims that all the beneficial effects of electricity can be obtained, in these cases, without using very strong currents, without resorting to galvanic-puncture, and without causing the slightest pain. He describes his system as follows:—

“Experimenting, I have found that a current of 25 milliamperes, traversing a positive platinum electrode of one square centimetre surface pressed firmly against the mucous membrane of an hypertrophied cervix, the circuit being completed by a large abdominal electrode, will produce a dry condensed condition of tissues beneath the surface of the plate in five minutes.

“This surface can be penetrated with a lance to the depth of a millimetre and a half without producing the slightest tendency to hemorrhage, and the tissues are denser than normal still some distance farther below the surface. Granting that the condition obtained in this experiment is what is sought in cases of hemorrhagic fibroids throughout the whole surface of the mucous membrane of the uterus, in order to prevent subsequent hemorrhages, we can recognize a basis in the experiment from which we can construct a table of exact dosage, so far as the treatment of the hemorrhagic element is concerned.

“For by carrying our experiment still further it is found that a current of 50 milliamperes is required, or just double the strength of the current required in the former experiment, to produce in the same time the same effect when the surface-area is just double, or two square centimetres. If, therefore, for example, we have a uterine canal that is ten centimetres in depth, and the electrode fitting the canal has a surface of one square centimetre to each centimetre in length, we would have 10 square centimetres of active surface in contact with the tissues; this, therefore, figured upon the same basis, would call for a current of 250 milliamperes for five minutes in order to get the characteristic effects necessary to check hemorrhage from the whole surface. Or, the uterine canal that would require an Apostoli electrode 20 centimetres in length, and this depth is not infrequently met with, would require a current, if the electrode

was 4 mm. in diameter, and if equal conduction took place from its entire surface, of over 600 milliamperes strength. This strength of current would not be tolerated in a large number of cases, and if it were, there is no means of being certain that the sound comes in accurate contact with the mucous membrane in its entire extent. There is some doubt, too, that a surface so large, even if it were in accurate contact, would conduct equally from its entire area; the consequences, therefore, in this case would be excessive cauterization and subsequent supuration of portions of the mucous membrane, and little effect, if any, on other portions. It is this uncertainty of result and painfulness of application that I have succeeded in doing away with. This is accomplished by adopting a means by which the whole mucous membrane of a hemorrhagic uterus can be successfully treated in a number of *séances* by attacking successively different portions of it until the whole area has been covered.

“*Positive intra-uterine galvanism.* The connections have been well examined, in order to insure their security, and the insulating muff (Fig. 5, a) has been slid up to the cervix and fastened, the current from the generator is turned on very gradually until a current of 50 milliamperes has been reached, if the active surface is 2 sq. cm., and 100 milliamperes if the active surface of the electrode is 4 sq. cm. The current is then allowed to pass for five minutes, when it is gradually reduced, until it is entirely turned off. The electrodes are then carefully removed, and the application is finished. This first operation produces a coagulation of two or four centimetres, according to whether the active surface of the electrode occupied two or four centimetres of the distal end of the uterine canal. When the internal electrode is withdrawn, the depth of the uterine canal is noted, and this fact, together with the diameter of the electrode, is carefully noted in the records of the case for that day. At the next application, which can usually be as soon as the next day, before introducing the same electrode the intra-uterine portion of the instrument should be shortened by setting the rubber muff or gauge just the number of millimetres nearer the distal end that the active surface of the electrode measures

millimètres in length. Upon introducing the electrode into the uterine canal now, as shortened by the position of the muff, the active portion of the instrument will reach exactly to the point that was acted upon at the previous application. It can readily be seen that in this second operation another portion of the canal has been treated. This same procedure is continued every day, with a change of the gauge every time, until the whole canal has received the action of the metal portion of the electrode. This line of treatment (the galvano-positive) should be thoroughly carried out the four or five days immediately preceding the regular time for menstruation to appear. If the patient exhibits an indifference to the effect of a 50-milliampère current, the work can be done in half the time, and just as well, by substituting the electrode of 4 sq. ctm. in surface with the 100-milliampère current.

"The positive intra-uterine galvanism should be employed the week preceding the regular menstrual flow. If, as in a large number of these cases, the hemorrhage has lost its regular periodicity or the hemorrhage is continuous, the judgment of the operator should guide him in selecting a time when the hemorrhage is not present, or when there is the minimum amount. If, however, the hemorrhage is continuous, the treatment must be given during the flow.

"*Negative intra-uterine galvanism.* The second operation. The negative intra-uterine galvanism, can usually be performed with the 100-milliampère current, unless the patient is particularly susceptible to the effects of electricity. In this operation the intra-uterine electrode is carefully introduced to the bottom of the canal, as in the first operation, but is connected with the negative pole of the battery instead of the positive. The surface-electrode is properly arranged, and, after all connections are rendered secure, a current of 100 milliamperes is gradually turned on and allowed to work for five minutes. Of course, if the surface-effects of a 100-milliampère current is at all disagreeable, the electrode requiring the 50-milliampère current should be substituted and the 50-milliampère current employed. The same procedure should be adopted in regard to changing the position of the active surface of

the electrode, in order to accomplish the characteristic action on all portions of the canal.

"The effect of this operation is to produce rapid reduction in the size of the growth, and it should be employed in the early days of the month following a menstrual period, and should always be followed later in the month by the positive intra-uterine galvanism, in order to prevent the excessive hemorrhages that would otherwise occur at the following menstruation. This latter operation can readily be tolerated every second day, and very frequently every day.

"In the two simple procedures here presented we have a safe, painless, accurate, and rational method of treating fibroid tumors of the uterus by Apostoli's method. By this method all the beneficial effects of electricity can be obtained, without in the least exposing our patients to any of the possible evils that we are able to discern in other methods. It has been shown that the maximum current advised, 100 milliamperes, by proper condensation will do exactly the same work locally, and with more certainty, than currents of much higher intensity that are employed without taking into accurate account the extent of the active surface of the electrode. The atrophic effect of the current is more liable to be obtained when there is a systematic condensation of the current at successive applications to the whole internal surface of the uterus, and therefore, through all portions of the tumor at different times, than when a much stronger current is employed indifferently diffused through all portions. For the same reason the electrolytic effect of the current becomes more certain and effectual when the current is concentrated than when it is indifferently diffused. The antineuralgic effect of the current is obtained almost invariably with this method, although this particular procedure offers no advantages in this respect over any other.

"In recommending this gradual process of treating these difficulties, I do not do so because of any great advantage that I expect to obtain from lessening the strength on account of the pain, but because of the more accurate application, and the more definite results that are obtained with a smaller surface of concentration. I have had a large experience with Apostoli's method, and have employed much stronger cur-



rents than he has advised, without producing excessive pain, but I found it was not always possible, even when the greatest precautions were taken, to avoid uneven work.

"In conclusion, the principal advantages of this method can be summarized under six headings:

- "1. It is entirely free from danger.
- "2. It is absolutely painless.
- "3. It invariably checks excessive hemorrhages.
- "4. It rapidly reduces the size of the tumors.
- "5. It stops neuralgic pains.

"6. It is a system of treatment of fibroid tumors by electricity, based upon principles which make exact dosage possible."

In earlier articles, I have described Apostoli's method generally; also Martin's modification (just given.) It is yet necessary to make some points plainer, and more practical, that, before concluding, there should be fuller description of what my experience shows to be the best forms of the apparatus that can be obtained in this country; also the best method of managing details of application:

#### THE APPARATUS.

**THE MILLIAMPERE METER.**—I place the milliampère meter first, because this instrument is indispensable in the electrolysis of uterine fibroids. Strong currents are used, and these currents cannot be used with safety unless their strength can be exactly determined and measured. By the deflection of the needle, the presence of the current and its direction is indicated, and its strength definitely measured. These instruments should be constructed so as to measure as high as 200 or 250 milliampères; they should either be compared with a standard instrument, or tested by a practical electrician. They are manufactured by J. A. Barrett, and by Waite and Barrett, of New York; by Gaifé, of Paris; and by Störer, of Dresden.

As the adjustment of these instruments is very delicate, they require to be handled with the greatest care.

**THE BATTERY.**—*The Stationary Battery.* The battery may be either portable or stationary. For a stationary battery, I would use some form of the sal ammoniac battery, and preferably either the "Law prism," or the "Conglomer-

ate."\* The internal resistance is low, (about half an ohm) and as the cells are sealed, evaporation is prevented. I do not consider the "gravity," or ordinary telegraph battery, at all suitable for a stationary battery.

*The Portable Battery.*—The only available portable battery, where strong currents are required, is some form of the plunge battery. The dry batteries, such as the chloride of silver batteries, are very convenient for ordinary medical cases, but the internal resistance of the cell is altogether too high (8 or 10 ohms) to admit of this form of battery being used for uterine electrolysis. All things considered, I do not know of a better portable battery for generating strong currents than the McIntosh battery. This battery, with late improvements, is very easy to manage, and not at all liable to get out of order. The internal resistance is low (less than  $\frac{1}{2}$  an ohm), and the electromotive force is high (about 1.75 volts per cell). By means of a bifurcated rheophore, the number of cells in circuit may be increased or diminished without the use of a commutator.

**THE RHEOSTAT.**—Whenever galvanic currents are used, either for electrolytic or for electro-therapeutic purposes, some means must be used for gradually increasing and gradually decreasing the strength of the current, so as to prevent a shock to the patient. There are three arrangements for accomplishing this: 1. The Rheostat. 2. The Commutator or Switch. 3. The Bifurcated Rheophore. I prefer the rheostat. It is much simpler, and it reduces to a minimum the danger of breaking the current abruptly. For several months I have used almost constantly the Bailey rheostat, described in the December number of *THE PRACTITIONER*. It works very satisfactorily. In the January number of *THE PRACTITIONER*, a case is reported where a patient in Montreal received a severe shock on account of a fault in one of the cells. Had a rheostat been used, this accident could not have occurred. I have recently tested a dry rheostat manufactured by "The Elektron Co.," of New York, but I find that it does not work as evenly as the Bailey instrument.

\* These batteries are used with the telephone transmitter.

In using the rheostat, all the cells of the battery, that is, a number greater than required, are placed in direct circuit with the rheostat and the milliampère meter, and the strength of the current is regulated by these two instruments.

**RESISTANCE COIL.**—I use a resistance coil of 200 ohms resistance, for testing the battery before making an electrolytic operation. This is about the maximum resistance of a fibroid tumor when the polar method is used.

#### DETAILS OF THE OPERATION.

Having described the different methods of operating, and the apparatus required, it will be well, perhaps, before leaving the subject, to dwell a little upon some of the details of the electrolytic treatment. My arrangement is as follows: "A strong and steady table four or five feet in length, is placed near the bed or operating couch. Upon this table is placed the battery, milliampère meter, rheostat, resistance coil, electrodes and rheophores. The connections are all made, and the strength of the current is tested before the operation commences. In making this test the two free ends of the connecting rheophores are connected with this resistance coil (instead of with the electrodes), and the battery is put in action. The maximum number of cells—say 20—is put in circuit and the strength of the current is tested by means of the rheostat and the milliampère meter. During this experiment, all the connections of the circuit are examined in detail and each one is made perfectly secure. As the resistance coil takes the place of the tumor, it having approximately the same resistance, this preliminary test gives a very fair indication of the probable behavior of the battery and apparatus when the electrodes are applied to the patient.

The test having proved satisfactory, the current is reduced to zero by means of the rheostat, and the resistance coil is removed.

The vagina having been irrigated with an antiseptic solution, the intra-uterine electrode is introduced, having first been allowed to stand in an antiseptic solution.\* The patient is placed

in the dorsal position and the abdominal electrode is applied. It is covered with a towel and kept in position by an assistant, with gentle but steady pressure. The abdominal electrode should be a little warmer than the temperature of the body. When both electrodes are in place, the connecting cords are attached, and great care is taken to see not only that connections are firm but that they cannot be disarranged by any sudden movement on the part of the patient or the assistant.

Care is taken also to connect the electrodes with the proper rheophores, so that the proper pole is used.\* When the electrodes are in position, and all the connections are properly made, the current is gradually increased by means of the rheostat. As the strength of the current is gradually increased, both the milliampère meter, and the countenance of the patient are closely watched. The strength of current is not to be pushed beyond what can be easily tolerated. When the maximum strength is reached, it is kept at that point for from five to ten minutes, when it is gradually diminished to zero. It should be borne in mind that a sudden reduction in the strength of current causes a greater shock than a sudden increase. It is important that the assistant maintain steady pressure upon the abdominal electrode, otherwise a sudden expiration or a cough on the part of the patient may cause a disagreeable shock by making a partial break in the circuit. Apostoli allows the patient to make the pressure upon the abdominal electrode; but I do not find it as safe as placing it in charge of an assistant. When the application is finished the electrodes are removed, and the battery plates are lifted from the solution. The patient is allowed to rest for about an hour after each application. When strong currents are used with the negative pole, especially when galvano-punctures are made, or electrolytic needles used, it is well to introduce some antiseptic gauze into the vagina after the application, allowing it to remain for a few days.

\* I use rheophore with a red cover which I invariably connect with the positive pole. A rheophore with a cover of a different color is connected with the negative pole. This lessens the risk of confounding the poles.

\* Dr. Atherton applies an antiseptic solution to the os uteri also, using equal parts of carbolic acid and glycerine.



## CONCLUSION.

In this series of articles I have endeavored to give a fair picture of the electrolytic treatment of uterine fibroids and hypertrophies. I have neither magnified the difficulties nor concealed them. Difficulties there are, but they are not insurmountable, even to one unfamiliar with the working of electrical apparatus. I must confess that, nevertheless, the treatment is more troublesome than I had supposed. This arises principally from the number of details requiring personal attention. However, probably, very few physicians in general practice will be disposed to undertake a course of treatment requiring so much perseverance, and requiring familiarity with such technical details as are involved in uterine electrolysis. The result undoubtedly will be that in most cases these patients will either be confided to the care of the gynecologist, or the assistance of a medical electrician will be secured.

In bringing this subject to a conclusion, I do not know that I can do so more appropriately than in the language of Dr. J. Russell Reynolds in his *Lectures on the Clinical Uses of Electricity*. In the concluding paragraph of the last lecture he says: "Electricity is one of the most powerful agents that you can employ in the treatment of disease; but it is useful, useless, or mischievous, according to the manner in which it is applied."

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### Selected Communications.

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#### ABSTRACT OF AN ADDRESS AT THE INAUGURATION OF THE SLOANE MATERNITY HOSPITAL AND OF THE VANDERBILT CLINIC.

BY PROFESSOR T. GAILLARD THOMAS, M.D.

It requires no prophet's power to declare that scientific medicine is in our day in its early, pulsing infancy. What has been done is as nothing to what will be done. What we know falls into insignificance when compared with what we shall, what we must know, within the next century.

And what has accomplished all that has thus far been effected in the way of advancement?

The great, the leading factor has been a change in our methods of study, an improvement in our plans of investigation, a more philosophical style of collating our facts and drawing our deductions. The laboratory work, the clinical study, and the use of instruments of precision, to which special reference has been made, have all been merely means for developing the experimental and demonstrative methods of study which have resulted in the new era which is now fully dawning upon us in all its abundance of results.

If in this great work the monarchical countries of Europe have outstripped our own land, it is because of the endowment of institutions of learning, the aid given to struggling science, the fostering hand stretched out to art by such forms of government on the one hand, and the well-known neglect of these things by republics on the other. Ever since the foundation of our country our medical colleges have struggled onward as private enterprises dependent for existence upon the fees of those to whom their diplomas were granted, unaided by government, unthought of by society, unendowed by men of wealth, whose millions at their deaths went to the support of some distant enterprise, the erection of some monument or statue, or some similar work of great though of far less importance. All honor to the house of Vanderbilt, which has created a new era, set an example which is even now being nobly followed, and engraved its memory upon the heart of every true physician of our country.

We are engaged to-day in inaugurating a clinic and lying-in hospital, both put at the disposal of our art by Vanderbilt's immediate descendants, desirous to emulate his glorious example, and eager to lay medicine under a greater debt than the great one which it already owed to its head.

"The Vanderbilt Clinic!" Did the origin of the word "clinic" ever strike you? It is derived from the Greek "*κλίνη*," a "couch," and its full signification is this: "In these halls the art of medicine is to be studied at the bedside. The mind of the student is not to be filled with the thoughts, the dicta, the suppositions, and the deductions of other men, but here he is to study disease in its ghastly truth for himself, by the aid of sight, touch, hearing, and smell, and

to draw conclusions for himself. Here he is to seek the truth, and to learn from his teachers how to find it; not to accept as truth what those teachers believe to be such, not to strive to learn from their experience, but to collate facts and acquire experience for himself."

This is to be one great outcome of this clinic. But equally important results remain to be told, even without alluding to the self-evident one of the great blessing which will accrue to the poor of New York, who will profit by the immediate effect of the medical service now placed at their disposal.

And now I come to tell you of a singular coincidence in this exhibition of generosity and charity, which is not generally known, and of which I would make history did the power lie within me. Before the thought of the great gift made by Vanderbilt had entered into his charitable mind, one of the members of the Faculty of the College of Physicians and Surgeons, under the authority of a son-in-law of Mr. Vanderbilt, was searching for a location for a maternity hospital to be erected and equipped entirely at his personal expense. To-day the Sloane Maternity Hospital is in full working order, and, with the Vanderbilt Clinic, is put at the disposal of the college so richly endowed by the head of the house.

Even this is not all. The wife of this generous man, a true daughter of her house, apparently unwilling to be outdone in good works, even by her own husband, has assumed in perpetuity the entire expenditure attendant upon the working of this magnificent charity.

What grand rivalry! What princely extravagance! What God-given inspiration!

Yet great as is this munificent offering to humanity and to science, greater, far greater, is the reward which, even in their life-time, must be meted out to these generous donors. This house of refuge and of mercy, built with all the cunning of the architecture of our day, will stand for centuries. What monarch's wealth could purchase a sweeter thought, a more sublime reflection, than that throughout that time the prayers of thousands of weary, sad-faced women, of thousands of grimy sons of toil, will constantly ascend for their benefactors in gentle murmurs to the judgment-seat of God?

"The prayer of the righteous man availeth much," but rather give to me the supplications in my behalf of the suffering, the friendless, and the poor to whom it has been vouchsafed me to have offered aid and comfort.

A favorite dictum of theologians of the olden was this: "The blood of martyrs is the seed of the church." So deeds, such as that of which I have just made grateful mention, are the seed of science. From the seed thus sown will spring up results throughout our broad land, from Maine to Texas, which will multiply an hundred-fold the generous act which we here acknowledge. He is short-sighted indeed who sees in the gift which we receive to-day a benefit to one institution or to one city. A noble example has been set, a fruitful hint been given which will redound to the advantage of science and humanity throughout our wide borders, from the Atlantic to the Pacific shores.

Trustees and Faculty of the College of Physicians and Surgeons who are to-day made custodians of this princely gift, a weighty responsibility rests upon us so to administer it as to develop to its fullest extent the intentions of the givers. It is clear that their desire has been to elevate the standard of medical education in our country, to advance the science of medicine, and thus to benefit society and humanity. Let no narrow policy, no views bounded by local interests, no ambitions less lofty than those to which allusion has just been made, enter our minds. But with a high and firm resolve let us strive, in the general cause of science and humanity, so to acquit ourselves of our stewardship that those who sit in judgment upon us after our mortal frames shall have become dust may pronounce upon each of our memories that verdict, so much to be desired, "Well done, thou good and faithful servant!"

The thought which entered the minds of the creators of this clinic—that in endowing the quiet, unobtrusive, and unobserved science of medicine they could benefit humanity, elevate art, and rear to their names an unostentatious yet pleasant memorial in these halls, "where charity and science so nobly meet"—was an original, a happy, a noble one. Whence came it? Not from a desire for fame. Half the gift elsewhere bestowed would have brought them



more. Not for the advancement of worldly interests. What worldling craves the affectionate admiration of a guild like ours? It had its birth in some nobler, loftier, purer sphere.

History gives abundant evidence of man's desire to live in the memory of those whom he leaves in this life after he has crossed the dark and silent river; of his aversion to the chilling thought of being completely obliterated and fading from the minds of men like the "baseless fabric of a vision, leaving not a rack behind." And history has taught us that it is not the column of brass or the statue of stone which best preserves the name intrusted to it. To live after death our monument must be erected in the grateful hearts of those who succeed us. When the arch of Severus shall have made dust for the streets of Rome, the simple prayer of the good Chrysostom, contained in ten short lines, will cause his memory to live for ages in the minds of men! Lorenzo de Medicis left his memory to the keeping of art—of art honored, elevated, and purified by him; his name shines more brightly to-day than it did even in his own time. *Ars longa; vita brevis.*

In whatsoever garb it may appear, there is a charm, a beauty about the God-like virtue charity which commands for it admiration, sympathy and respect. How various are its manifestations! Here we behold the miser indulging in it as a posthumous duty because he can not carry his riches with him into the hereafter; bequeathing his cherished millions to the poor because "there is no pocket to a shroud;" here the ambitious demagogue, hoarding wealth during a life-time to endow an institution or erect a statue to preserve his name from oblivion; and here the truly pious and virtuous, leaving their goods for the advancement of religion and the spread of the Gospel.

In all these forms charity is ever the most God-like and radiant of the virtues. But how much more noble and more admirable does it appear when, coming as a gift during the life-time of the donor, who then shares his possessions with his needy brother, and watches with tender solicitude the resulting benefit! To give with posthumous generosity to the heathen of distant lands, and beyond far-off seas, is noble indeed; but more noble, more beautiful is it far, to see

wealth shared during a life-time with the beggar at one's door-step.

How beautifully is this idea illustrated in the charming poem of the "Vision of Sir Launfal," a knight of old, who, leaving untended poor at his gate, sought to recover for the love of God and at the point of his lance, the Holy Grail from far-distant Palestine! Returning disappointed and dejected, the Christian soldier sees at the castle gate a leper, miserable, wretched outcast. Suddenly he feels "that one touch of nature which makes all mankind kin," and he is inspired with the impulse to pity and to aid him as he pleads for alms:

"And Sir Launfal said: 'I behold in thee  
An image of Him who died on the tree;  
Thou also hast had thy crown of thorns,  
Thou also hast had the world's buffets and scorns,  
And to thy life were not denied  
The wounds in the hands, and feet, and side:  
Mild Mary's son, acknowledge me;  
Behold through him I give to Thee.'

"As Sir Launfal mused with a downcast face,  
A light shone round about the place;  
The leper no longer crouched at his side,  
But stood before him glorified,  
Shining and tall and fair and straight  
As the pillar that stood by the Beautiful Gate.

"His words were shed softer than leaves from the  
pine,  
And they fell on Sir Launfal like snows on the  
brine,  
Which mingle their softness and quiet in one  
With the shaggy unrest they float down upon;  
And the voice that was calmer than silence said:  
'Lo! it is I, be not afraid!  
In many climes without avail  
Thou hast spent thy life for the Holy Grail;  
Behold it is here, this cup which thou  
Didst fill at the streamlet for me but now;  
This crust is my body broken for thee,  
This water his blood that died on the tree;  
The Holy supper is kept indeed,  
In whatso we share with another's need;  
Not what we give, but what we share,  
For the gift without the giver is bare;  
Who gives himself with his alms feeds three,  
Himself, his hungering neighbor, and Me.'"

Generous donors of these most noble charities, sons and daughters of one whose name will never fade from the annals of American medicine, commissioned by my colleagues I come to

you the bearer of three-fold thanks! In the name of Science, for which you have shown so much solicitude; in the name of Medicine, for which you have so nobly pledged your appreciation; in the name of Humanity, which for cycle upon cycle will profit by your liberality, from the deepest depths of our hearts we thank you!

"*Tout lasse, tout casse, tout passe,*" says a quaint old French proverb. The only exception to the truth embodied in its simple alliteration is to be found in this world in the enduring pleasure which is born of good deeds done to our fellow-men. God grant that that enduring pleasure may be yours, and that it may abide with you to the end of life's pilgrimage!

May the wisdom, the resources, and the skill which centuries of labor have bestowed upon medicine be ever in their best and brightest estate when called for by you in the hour of your sorest need. May the bread which you have so lavishly cast upon the waters be returned to you in prosperity in this world, and in life in that which is to come.

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### Selections.

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#### RECOVERY IN CIRRHOSIS OF THE LIVER.

In the *Medical News* of September 18, 1886, we referred to a discussion which had taken place at one of the Paris societies on the subject of the curability of cirrhosis of the liver, and the case recently reported in the *Medical News* by Dr. Macdonnell in the proceedings of the Montreal Medico-Chirurgical Society, illustrates a point in practice which is too frequently overlooked. It is still customary with many physicians to defer tapping in hydroperitoneum until diuretics and cathartics have been thoroughly tried, and the trocar is resorted to only when the distention has become extreme. The late Dr. Flint was, we believe, the first to advocate early and repeated tapping in this condition, and in his work on clinical medicine he refers to several cases in which in years no reaccumulation of fluid took place. Dr. Macdonnell's patient was tapped sixty times within a year, and after about

9,000 ounces of fluid had been removed no reaccumulation occurred, and the woman apparently got well. Continuous drainage has also been practised with good results.

The factor which determines the onset of dropsy in cirrhosis of the liver is not always clear. The highest possible grade of portal obstruction, even obliteration of the vena portæ, may exist without it, and a rich development of anastomosing vessels may compensate fully the destruction of branches within the liver. At least one-third of all cases of the ordinary atrophic cirrhosis are met with accidentally on the *post-mortem* table in persons dead of other affections. So long as an active collateral circulation is maintained there may be no symptoms. When we consider the extraordinary capacity of the abdominal vessels and the variations in blood supply to which they are liable, we can readily understand that conditions of distention of the portal radicles might arise with which the collateral circulation could not cope; and a sudden hematemesis or the development of ascites would represent a failure in a compensation hitherto effective. It is possible, as some writers have suggested, that owing to changes in the serous layer the capillaries are rendered more permeable and without any increase in the blood pressure permit of the transudation.

The practical point is this, that in certain cases of cirrhosis the effusion results from changes which are not necessarily permanent, and we should not regard the onset of dropsy in every case as the beginning of the end. Clinical records point to early and frequent tapping as the very best measure in ascites, not only as affording immediate relief to unpleasant or urgent symptoms, but as holding out a prospect in some cases of the removal of the conditions on which it depends.—*Med. News*.

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THE TREATMENT OF RETAINED PLACENTA AT THE ROTUNDA HOSPITAL, DUBLIN.—In the *Practitioner* for December, 1887, Dr. Lane describes the method pursued at the Rotunda Maternity as follows: When the placenta is adherent I believe the proper treatment is to pass the hand or fingers into the uterus and detach it, although I have been informed that some Continental obstetricians allow the pla-



centa in such cases to remain for even a month after delivery (unless there is hemorrhage or symptoms of septicæmia), especially in the cases where the patients have not come to their full time. I consider, however, that if the operator's hands be not perfectly aseptic, this is the most dangerous of all operations met with in midwifery practice, except the Cæsarean section. It has been recommended by some authorities to keep the fingers inside the membranes during the operation, but there are many cases met with where, owing to the friable nature of the placenta, necessitating the removal of small pieces at a time, this is impossible. Should there be any septic infection about the hand, and especially about the nails, the usual seat of such poison, I fail to see how such a patient can escape becoming infected; for it is analogous to vaccination, except that virulent poison is substituted for healthy lymph, and with unfortunately greater likelihood of its taking effect, owing probably to the prolonged contact. The uterus, except where it has been already douched out with the hope of getting the placenta away, as I have already mentioned, is always douched with antiseptic solution prior to introducing the hand. Although the left hand is recommended by many as being smaller and corresponding more with the pelvic curve, the right hand is the one generally used, for, the patient being in the obstetrical position usual in this country the fundus of the uterus can be better and more easily supported by the left hand (the operator standing at the patient's back). Nor can an assistant, no matter how experienced he may be, support the uterus so satisfactorily as the operator himself, who knows the exact part of the uterus requiring pressure so as to bring that particular part of the uterine wall nearer to the introduced hand, and who is able to remove it to some other part the moment required.

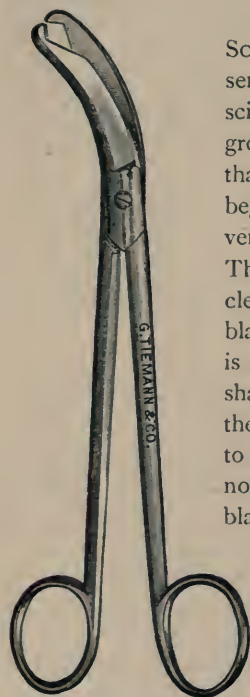
An anæsthetic, usually chloroform, is nearly always administered, in order that, if necessary, the hand may be passed in a second time where doubt exists whether all the placental tissue has been detached; for if the patient be perfectly conscious of what is being done, the operator must be very resolute to be able to withstand her solicitation not to pass the hand a second time, and I consider that, once the hand is in

introduced, the operation should be persevered in to entire completion. When satisfied on this point, the uterus should be again douched out with antiseptic solution.—*Medical News*.

THE DIURETIC INFLUENCE OF STROPHANTHUS.—So much has appeared in the journals during the last few months concerning strophanthus and its effects on the heart, that its action on the rest of the system has been overlooked. In the *Gazette Hebdomadaire* of December 9, 1887, Mariet and Combemale give us the result of their studies on its action on the secretion of urine and the elimination of urea. They found that the quantity of urine was considerably increased, and that the urea, while not always altered in amount, was generally increased. This occurred when the drug was used by the stomach or hypodermatically. As to its action on the kidney they found that it increases the urinary flow both by mechanical pressure, due to greater arterial tension, and also by a direct stimulation of the secreting structure of the kidney. Both of these investigators believe that cumulative effects do not occur after the prolonged use of strophanthus, but until the drug has been more widely used we doubt whether this statement can be received as proven. So little is known as to the renal effects of the drug that it is possible that it may be too irritating to use constantly in case of kidney lesions, particularly of an acute and active type, and all the evidence points to its use in cardiac lesions rather than those of the renal tissues.—*Med. News*.

THE TRUE PLACE OF MILK IN THE TREATMENT OF DIABETES MELLITUS.—In our analysis of the paper recently published by Dr. Austin Flint as to the treatment of diabetes mellitus, Dr. Flint was emphatic as to the harmfulness of milk in this disease. It is only fair that the other side of the question should likewise be introduced, since numerous physicians disagree with the emphatic statements of Dr. Flint. Of course, it can scarcely be claimed that milk is a specific for diabetes, in fact such a remedy is yet to be found, and the dietetic treatment of diabetes is perhaps still the most efficient. In the *Med. News* for November 5th, 1887, Prof. James Tyson publishes an article on the subject

which distinctly favors the use of milk in the treatment of diabetes. Dr. Tyson always commences treatment by the use of skimmed milk, and states that frequently he has found glucose entirely to disappear from the urine and the quantity of the latter become normal within a week after instituting the skimmed-milk treatment, and this too, in a case where the antidiabetic diet had failed to produce any effect. Unfortunately, however, the reduction in the quantity of sugar which follows the use of milk or buttermilk is often not permanent. Skimmed milk is decidedly superior to unskimmed milk in this affection, though it is difficult to say why this should be the fact. It is perhaps possible, as suggested by Dr. Tyson, that Dr. Flint's unfavorable results with milk depended upon his using unskimmed milk, since, as Dr. Tyson says, it is quite inexplicable how any one who has tried the skimmed milk diet at all should come to an unfavorable conclusion as to its value.—*Therapeutic Gazette*.



**TRACHELORRHAPHY SCISSORS.**—This cut represents a pair of strong curved scissors with blunt points, ground in such a manner that the blades meet and begin to cut *first* at the very end or distal extremity. The figure shows quite clearly the edges of the blades ground so that there is an elongated diamond-shaped opening between them when they are about to be closed. It will be noticed that, when the blades are approaching, it is quite impossible for the tissue to retract or slide away from the scissors. On using these scissors, it is found that they cut

their way quickly into the most dense and most decidedly cicatricial tissue. These shown are bent and ground with special reference for use in Dr. Emmet's operation on the cervix,

The instrument here shown cuts with even less effort, does its work more exactly, than the Dawson instrument, and leaves less unevenness after completion, as it is sure of cutting all the tissues between the blades. It is made by the old firm of Tiemann & Co., and is not expensive.—*Journal of Obstetrics*.

**MENTAL AFFECTIONS ASSOCIATED WITH CHRONIC BRIGHT'S DISEASE.**—At a recent meeting of the Philadelphia Neurological Society, during a discussion on the above topic, Dr. Wm. Osler said: "It is well known that certain mental phenomena occur in connection with chronic renal diseases, besides simple uræmic coma. I have reported one case of violent mania in a man aged forty-two years, the subject of Bright's disease. When brought to the hospital he had been maniacal for three or four days. He subsequently became comatose and died. A very interesting case was recently under my care in the University Hospital. He was admitted on Tuesday. I saw him on Saturday. He was then quiet, in a semi-dozing condition, but could be aroused, and gave a very interesting account of himself. The whole clinical picture was that of chronic interstitial nephritis. There was nothing to attract special attention to his mental state, and I did not regard his condition as critical. That night he got out of bed, in the absence of the attendant, wandered about the ward, and finally jumped out of the window. It was subsequently learned that, before admission to the hospital, he was violent, requiring two or three men to hold him. We were not told this when he was brought in. I was told by one of the physicians who had attended him that the man was full of delusions. He thought that his wife and others were persecuting him. I have no doubt that this was an instance of mental disturbance due to chronic nephritis.—*Polyclinic*."

**LARGE DOSES OF OLIVE OIL IN THE TREATMENT OF HEPATIC COLIC.**—In reference to the note which was published under this title in our last issue, a well-known Ohio physician, deservedly one of the most esteemed and influential members of the American profession, writes to us that he has never had a long-continued case



of gall-stones in which the treatment with large doses of olive-oil (half a pint, instead of twelve tablespoonfuls) has not been suggested or urged by some officious neighbor. On two occasions, he says, patients have come to him in triumph after taking such a dose, bringing a dozen or twenty round bodies looking very much like gall-stones, but examination has shown them to consist of stearin. "Now is it possible," our correspondent asks, "that a physician, the author of the paragraph alluded to, could have been deceived in this way? It would seem so from the fact that these calculi (?) were of 'soft consistence' and six of them were of 'the size of an olive' and yet 'passed without pain'!"—*N. Y. Med. Jour.*

### Therapeutical Notes.

R Antipyrini.

Aq. destill ..... āā 5.0. ̄iv.

SIG.—One half to be used as a hypodermic injection in neuralgia.

R Hydrarg oxydat ..... 0.3

Lanolin.

Ungt. emoll ..... āā 15.0

SIG.—Use as an ointment for furunculosis.

R Chinini bisulph. .... 1.0

Glycerini ..... 25.0

Aq. destill ..... 75

SIG.—Use as an injection in blenorrhœa.

R Ol. oliv ..... 60.0

Saloli ..... 10.0

Aq. calc ..... 60.0

SIG.—In case of burns.

R Tartari stibiati ..... 0.1-0.3

Aqu ..... 200

In pneumonia (genuine) a teaspoonful every second hour (Molter).

R Saloli ..... 4.0

Ætheris ..... 4

Adde

Collodii elast ..... 30

Used in case of warts of the breast.—*Centralblatt für Therapie.*

FOR INTERMITTENT FEVER.—

R Iodine ..... grs. xv

Iodide potash ..... ̄ iss

Aqua pura (destillat) ..... grs. 150

M SIG.—Five drops every two hours, to be given in water.

A GOOD RESTORATIVE AND TONIC AFTER ILLNESS :

R Sulphuric acid, diluted ..... M xl

Sulphuric ether ..... 3 ij

Sacchari albi ..... 3 ss

Aqua Mentha ..... 3 vj

M Dose, a teaspoonful every three hours.

FOR DIPHTHERIA AND ULCERATED SORE THROAT.

R Brandy ..... 3j

Sulphate quinine ..... grs. v

M SIG.—Dose, 3j-ij every three hours. Use nitrate silver (grs. iij ad aqua 3j) alternated with solution of perchloride of iron, each application being made every six hours. Keep bowels open and feed patient well.

A RELIABLE ANODYNE (FROM PROF. ROBERTS BARTHOLOW). :

R Chloroform ..... 3 j

Hydrate chloral,

Gum camphor ..... āā 3 j

Morphia sulph ..... grs xvj

Mix by trituration in a mortar. Dose, 5 to 20 drops as often as necessary.—*Medical Summary.*

ANTIPYRIN.—Not only does antipyrin diminish fever and appease pain, but according to Henocque and others it also checks hemorrhage. For arresting epistaxis and similar bleedings the powder should be insufflated into the nasal chambers, or a solution of antipyrin may be applied by means of a plug of cotton-wool. It is said to be of value also in checking nemorrhage from the ulcerating surfaces of carcinoma of the breast, and, besides, acts as an antiseptic. Strips of lint may be soaked in the solution and applied as a wet dressing.—*Lancet.*

Antipyrine is recommended by Duprey for sea-sickness.

A MODE OF ADMINISTERING COD-LIVER OIL.—M. Dupré ("Progr. méd.") recommends the following formula, the advantages of which are, he says, that the mixture may be prepared at home, that it is cheap, and that, while masking the disagreeable taste of the oil, it promotes its digestion :—

Cod-liver oil . . . . .	25 parts.
Powdered white sugar . . . . .	2 parts.
Powdered salt . . . . .	1 part.
Rum . . . . .	6 parts.

Shake briskly.—*N. Y. Med. Jour.*

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited.*

*We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1888.

### THE LIZZIE BRAY INQUEST AND THE TRIAL OF JOHN GAMBLE.

At the time of the issue of our last number of THE PRACTITIONER we omitted to make any comments on this case because it was still *sub judice*. Since that time John Gamble has been tried for the murder of Lizzie Bray, found guilty, and sentenced to death. Certain incidents in connection especially with the inquest are of considerable interest to the profession, as well as the public, and we therefore take the liberty to refer to them.

The girl Lizzie Bray had an abortion, or miscarriage, and in connection therewith a peritonitis, which caused her death. We use the terms abortion and miscarriage as synonymous, although an incorrect distinction between them was used at one of the trials. During the illness the ordinary symptoms of peritonitis were present, and there was a suspicion that such peritonitis had been produced by criminal interference, but there was no actual knowledge of such

a deed. The physician in attendance frankly stated his suspicions to the girl's friends, and asked if they suspected any one of committing such a crime. As he could get no information to confirm his suspicions, and as the relatives earnestly requested him to avoid a public enquiry, he gave a certificate of death from peritonitis, according to the actual knowledge in his possession. It had happened that the physician had attended the girl's father, who met with an accident which resulted in death. He was not paid for his services, and we have every reason to suppose his chances for payment in this case were *nil*, and that he was performing an ordinary act of charity, not uncommon, we are pleased to note, among physicians.

In the report of the inquest we extract the following: "In summing up, Coroner Powell said there was ample evidence to connect Gamble with the abortion and death of Lizzie Bray, and such a crime was murder. We medical men are all liable to make mistakes, and we are all guilty of errors in judgment, but a very grave error has been made in this case. The doctor who signed that certificate made a grave mistake. Had that death certificate been refused properly, then the man guilty of this awful crime would have been secured. Through carelessness and misplaced kindness a culprit has escaped, and is now a fugitive from justice."

The burning eloquence of the Coroner evidently had the desired effect on the jury, and the following verdict was returned :—"On Dec. 19, 1887, at 69 Walton Street, Elizabeth Bray died of peritonitis brought on by abortion, the said abortion being caused by drugs administered, or instruments used, by John Gamble. And we find that the said John Gamble did murder the said Elizabeth Bray. Further, we are of the opinion that Dr. Ferguson, the physician, should be highly censured for granting a burial certificate, knowing and suspecting what he did."

What was the medical evidence which caused the Coroner to deliver such an extraordinary address to the jury? Of course we have to rely on evidence obtained from the *post-mortem* examination. The pathologist who conducted the examination stated that he found the ordinary



signs of peritonitis, and nothing else ; but added that the abortion might have been produced mechanically, or combined with the use of drugs, but there were no distinctive signs of what had been used. This simply means that death had been caused by peritonitis, but how produced he could find no distinctive signs to show, although he suggests certain possibilities or probabilities. In other words, the report of the *post-mortem* examination shows that the physician's burial certificate was correct, and nothing more. There was absolutely nothing to prove that abortion had been induced by any interference of any kind.

As far as we can learn, the prisoner was convicted and sentenced to death on the medical evidence, and as a consequence the responsibility resting on the coroner, who showed such an ardent desire to bring a supposed criminal to justice, is a very serious one. We have never seen Gamble, or any of his friends, if he has any, but from a medical point of view, we are anxious to see justice done, and we have to regret exceedingly that the coroner should have used his great ability in such a way as to influence a jury to return a verdict, on insufficient evidence, or practically no evidence at all, which condemned a man without giving him a fair trial. Our ordinary sense of justice, and our inherited love of British fair play, should make us hesitate before we pass sentence on a man and try him afterwards. In the face of the evidence produced we have no hesitation in saying that the verdict of the jury at the Assize Court, was a most extraordinary and unjust one. While expressing this positive opinion we hope we will not be misunderstood. We do not wish to be included in the band of apologists for Gamble, who have been writing so much twaddle to the newspapers. In fact, so far as we know, his conduct with the girl before her illness admits of no defence.

The Coroner's remarkable and severe comments on the actions of Dr. Ferguson bring up a question which in all its aspects is very difficult to settle. The physician is in a position frequently which necessarily gives him possession of important family secrets, and it is a matter of professional honor generally recognized to keep these secrets sacred and inviolable.

While it is not proper to conceal a crime, it is hard to say when the doctor should become a detective, and go out of his way to impart his knowledge, obtained in confidence, to the police or other courts. In a case such as the one under consideration where a mother was compelled to witness that saddest of all misfortunes in this world—the death and everlasting disgrace of her daughter, when that mother in her grief and tears implored the physician to avoid publicity, and when there was no positive evidence of crime, we affirm, without any hesitation, that the majority of reputable physicians would have given just such a certificate as Dr. Ferguson did.

As there may be a difference of opinions on this point in various cases which may arise, we must concede to all the right to hold whatever views they please. It may frequently happen that the views of the coroner differ from those of the physicians giving evidence ; but when they do, it is surely not too much to ask him not to take advantage of his position of authority in such a way as to bring disgrace, without sufficient cause, upon a brother practitioner in the eyes of a jury and the public generally. We are pleased to know that the profession of Toronto have, as a rule, always received the most considerate and courteous treatment in the coroners' courts ; and we are also glad to add that we impute no unworthy motives to the coroner who conducted the inquest in question, but consider that he simply showed one of these "errors in judgment" to which he made such a touching allusion in his eloquent address to the jury. Such errors, however, are (to put it mildly) decidedly unpleasant, and as the profession will not meekly submit to such treatment, we venture to hope that in this high and honorable Court it will not be repeated.

#### THE SANITARIUM.

In a recent number of the *North-Western Lancet*, we noticed the advertisement of the Oliver Wendell Holmes Hospital Association, an institution lately established not far from Minneapolis. We were at first surprised that a man of Dr. Holmes' standing, should allow his name to be used as the chief reference

for what appears to be an institution run on strictly business principles. If money-making is not the chief object of the enterprise, it is, at any rate one of the principal reasons for the founding of this institution. The Hospital or Sanitarium has a large staff of consulting physicians, many of whom live in the neighboring city of Minneapolis. There is also a resident physician in charge, who has assistants under him. From the advertisement, as well as the editorial note, we conclude that the institution is similar in character to Sanitariums such as that at Dansville, New York State, or that at Battle Creek, Michigan.

While thinking over this, the whole question of the relationship which the general profession bears to the Sanitarium or private hospital, came up for consideration. We think we are right in saying, that there is among many of our best medical men a strong prejudice against such institutions. They are frequently looked upon as frauds, as catch-pennies, as merely a means by which men of poor abilities and attainments can make money out of an easy gullible public. While these views may be quite correct so far as many such establishments are concerned, we do not think that sufficient ground is afforded for the fierce denunciation which some men of position in our profession hurl at every private enterprise of this kind.

In order to come to a proper conclusion, we might consider (1) Whether a Sanitarium for the cure or relief of chronic diseases can really be run in a thoroughly honest and upright manner? and (2) Whether the treatment of chronic ailments can be more successfully carried out in such an institution, than at home?

To both of these questions we must give an affirmative answer.

We have now in our mind a Sanitarium founded some years ago by a physician of considerable attainments. It began in a very small way. The physician in charge determined that he would not advertise, and he has adhered to that principle up to the present. He depended altogether upon the reputation made outside by the results of treatment. As the number of patients increased, the staff of physicians was added to, until specialists were appointed in the principal departments; of late years the number

of patients treated at one time has reached seven or eight hundred.

These few facts clearly demonstrate two points; first, that a sanitarium can be successfully carried on on upright principles, and secondly, that patients must have been benefitted by such treatment, otherwise they would not have advised their friends to go. This brings us to the second question, is it possible to treat chronic affections more successfully in the Sanitarium than at home? We believe it is possible for many reasons. (1) Much of the apparatus which has of late been found useful, particularly in nervous diseases, is altogether too expensive to be used by the private practitioner. The treatment known as the Swedish Movement Cure, which is of great value in properly selected cases requires expensive apparatus. Electrical and galvanic machines are also expensive and cumbersome. The treatment of lung affections by the pneumatic cabinet is difficult to carry out except in a large institution. If we add to these, Turkish and vapor baths, massage, etc., all of which are of value in certain chronic cases, we find that is possible only in large establishments to conduct successfully such forms of treatment.

In the private hospital or sanitarium the physician has the patient thoroughly under control. He can regulate the diet, exercise and habits of life, in a much more accurate way than he could possibly do outside.

We fully recognize the difficulties of keeping such institutions free of fraud and quackery, and we also admit that in many there is more or less humbug.

At the same time we also recognize the important position they necessarily occupy in the modern treatment of chronic diseases, and we would consider the physician a public benefactor who conducts such an institution in a thoroughly upright and professional manner. We also think that instead of the universal condemnation of the sanitarium, physicians should select those which are honestly conducted and give them their sympathy and patronage.

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The *London Medical Record* has ceased to exist.



## UNPROFESSIONAL ADVERTISING.

TO MY PATIENTS, PATRONS, AND FRIENDS.—Desirous of becoming acquainted with the most recent advances in Medicine and Surgery, and of learning thoroughly and practically the best and latest treatment of all diseases, I have decided upon having a short course in the now renowned Medical Schools of New York—in order that I may the better treat all who may honor me with their confidence. During my absence Dr. \_\_\_\_\_ will take charge of my practice, and I am pleased to be able to recommend him to all my friends, confident that he is ably qualified to give the best attention and treatment to all calling upon him. Dr. \_\_\_\_\_ has had the advantage of a full course in New York, and is careful, steady and attentive, and will, I doubt not, give the best satisfaction. Hoping to meet all my friends again in a short time, I remain, Yours most sincerely,

“\_\_\_\_\_.”

January 31st, '88.

We notice the above in a country newspaper, where it appeared in the advertising columns. We regret to see many such from time to time, and have frequently had occasion to refer to them. It is only just to add that in the majority of such cases the doctors making use of such methods of advertising err through ignorance of the rules as laid down in the American Codes of Medical Ethics, which is recognized by our Dominion Medical Association; and we take the opportunity of stating that such conduct is considered unprofessional under the rules of this code. If a physician feels bound to advertise at all he should put his card in the paper, with office hours, and nothing more.

We also have to regret that the doctors of Toronto do not set a good example, as far as their signs are concerned, and the custom recently introduced by some of putting their names and degrees on street corners, in drug stores, etc., at some distance from their residences, is entirely wrong. A simple plate on the door, or in the window is all that should appear.

## HOSPITAL SUNDAY.

We had occasion to refer recently to Dr. Hodgins' able paper on the subject of establishing a Hospital Sunday in Toronto, the intention being to have the churches of all denominations in the city take up collections on

that day for the benefit of the various hospitals. We are glad to know that a special committee of the Toronto Ministerial Association have taken the subject in hand, and have received very encouraging replies. We notice with some surprise that a few (we are glad to learn that it is only a few) think that the General Hospital is not in need of a special collection. This hospital does its full share of charitable work in a very satisfactory manner, and we hope there will be no effort made by the majority to make a discrimination in the distribution of the funds raised which will be unjust, and will be likely to raise a strong opposition to the whole scheme. A further consideration of the question was fixed for March 12th, and we sincerely hope that the movement will receive the strong support which it so richly deserves.

## BILL TO AMEND THE ACT TO INCORPORATE TRINITY MEDICAL SCHOOL.

At the present session of the Ontario Parliament a bill was introduced to amend the Act of incorporation of the Trinity Medical School. The original bill was harmless, and no objections were raised. It asked permission to substitute for the word “school”—“college,” and to be allowed to raise a further sum of money for the use of the school. An additional clause was, however, inserted during its progress through the first and second readings giving to the college, which is purely a teaching body, powers to grant degrees, not only to its own students, but also to students or graduates of other schools or universities.

This simply means granting to this school university powers, and is entirely contrary to the spirit of the times. When the Toronto School of Medicine applied for similar powers last year strong opposition was raised against such a course, and the school, very wisely, we think, withdrew its claim. We were entirely in sympathy with the objections raised at that time, and are surprised at the attempt now made to get such an Act passed. History has certainly taught us that there is grave danger in giving university powers to any purely teaching body,

and we hope that the Legislature will not think of giving its sanction to an Act which might lead to serious abuses in the future.

#### A CLUB BUILDING AND GYMNASIUM FOR THE UNIVERSITY OF TORONTO.

A meeting of graduates of Toronto University, was held in Missionary Hall, on Wednesday evening, February 22nd, to consider the advisability of erecting a building for the purposes of recreation, physical exercise, etc. The Vice-Chancellor, Mr. Mulock, who occupied the chair, and Professor Ramsay Wright, referred to the facilities afforded in colleges in the United States, for training the bodies as well as the minds. The Senate has offered a site for the proposed gymnasium, and it is hoped the graduates and under-graduates will subscribe liberally towards the scheme. It is thought that if they raise \$15,000, another \$10,000 can be raised without much difficulty; and, if so, the building will be erected at once. Among the medical graduates on the committee to look after the scheme are Drs. Oldright, Ferguson and Bryce, Toronto; Dr. White, of Hamilton; Dr. Kelly, of Brantford; Dr. Eccles, of London, and Dr. Rae, of Oshawa.

It would be superfluous to dilate on the advantages connected with such a building. The opportunities afforded the students for physical exercise would be ample and the benefits accruing necessarily great. Another advantage, which was especially referred to by Professor Ramsay Wright at the meeting, would follow from the fact that it would furnish a common ground where students of all the Faculties could meet and hold daily intercourse. The movement is therefore of great interest to the new Medical Faculty, as its students will have all the privileges of the gymnasium and club rooms. We hope the graduates in medicine and the members of the medical teaching faculty will give the scheme all the assistance in their power. The Vice-Chancellor starts the list with a subscription of five hundred dollars.

The Tokio Medical Library contains nearly 1,500 volumes, mostly in the English language.

#### NOTES.

C. Gand, of Paris, gives conclusive proof that retinitis Brightii may appear without albuminuria.

The mutual benefit societies of Leipsig (Germany) have cut down the medical fees of their physicians to twelve cents a visit, and six cents for office consultation.

Dr. Vanderveer, of New York, recently removed by abdominal section, a large cystic tumor of the kidney, which had been diagnosed as ovarian.

Dr. Albert Döderlein, of Leipsig, as a result of researches and experiments, concludes that the uterine lochia contains in the normal puerperal condition no germs whatever.

Dr. Bontecon, of Troy, New York (*Journal American Medical Association*), made an abdominal section for ruptured typhoid ulcer. The patient expired before he had recovered from the effects of the anæsthetic.

Dr. Langenbeck, of Berlin, removed by abdominal section the left lobe of the liver, weighing about twelve ounces. The liver had been deformed by tight lacing, and had caused great inconvenience to the patient.

Dr. Allan McLean, Hamilton, in a paper read before the section in neurology, of the New York Academy of Medicine, advised the administration of nitrous-oxide gas and other anæsthetics for the detection of concealed insanity.

It is recorded in *Medical Index* that Dr. McIvey gave four hundred and sixty grains of quinine in twelve hours, to a colored barber, suffering from a congestive chill, and moreover, the barber did not climb the golden stairs, but still severs the epidermal capillaries of his heroic physician.

OUR WORK AND THE FEE.—(*Ruskin*).—If your work is first with you, and your fee second,



work is your master, and the Lord of work who is God. But if your fee is first with you, and your work second, fee is your master, and the lord of fee who is the devil.

**GONOCOCCI.**—In the *American Journal of the Medical Sciences* we note that the value of Neisser's discovery has been of medico-legal service. Castraux, Professor of Legal Medicine, at Lille, in a case of alleged rape, removed the difficulty of recognizing the micrococci after maceration of a fragment of pus-stained linen, by making cultures in a jar peptonized and sweetened. He and his colleagues testified to the specific character of the spots, and convicted the accused.

The German mind, (Lawson Tait, *British Medical Journal*) at least the German medical mind, is essentially different from the mind of the Briton; it not only evokes from its own consciousness descriptions of things other than the proverbial camel, but it wraps up its grain of wheat in such a bushel of chaff that the labor of getting a meal is intolerable, nothing pleases it so much as metaphysical speculation, while we, on the contrary, are eminently pragmatic. Tait must have climbed the high tower of British prejudice and partaken of an extra *menu* composed largely of British superiority before making that statement.

**TORONTO GENERAL HOSPITAL.**—There continues to be a steady increase in the number of patients admitted to the wards of this institution. For the month of January 230 were taken in for treatment, while 463 attended the outdoor clinic. The average daily number of patients in the hospital was 235; in the maternity department there were 18 births. The patients attending the gynecological clinic express great satisfaction with the new screen which has recently been introduced. To fully understand and appreciate the many excellencies of this "gynecological screen" it requires to be seen. When using it the patient may be exposed to the surgeon and students without the unpleasantness of seeing or being seen by them. There are at present 535 medical students registered, and attending the various clinics.

**CANCER AND ITS CAUSAL AGENT.**—Opinions differ, even among the most eminent of pathologists, as to the part which the microbe plays in the production of cancer. Sir James Paget considers that it is now practically demonstrated that each specific disease is due to the influence of a distinct morbid substance. This morbid substance is, in the vast majority of cases, a microbe—a low vegetable organism—and Sir James thinks that some day micro-parasites will be found in essential relation with cancer. Virchow on the other hand (*Lancet*) evidently attaches no importance to the reported discovery of a cancer bacillus; nor does he think that the discovery of a cancer micro-organism is necessary to explain the known facts of the disease. He is strongly in favor of its local origin, and firm in this belief, he entertains the hope that some means will yet be found of eradicating the disease in its early stage, and urges surgeons not to be too sceptical of the possibility of curing cancer by drugs. Paget also asserts his belief that we may reasonably hope for a remedy against cancer—a specific remedy for a specific disease.

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### Meetings of Medical Societies.

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#### TORONTO MEDICAL SOCIETY.

STATED MEETING, JAN. 28TH.

##### PATHOLOGICAL SPECIMENS.

Dr. Oldright exhibited a diseased testicle with the tissue attached, and related the following history of the case:

One year since the patient noticed some swelling, or induration in the scrotal sac, which gradually increased in size, and became tender. Several months later a small gathering, about the same spot, burst and left a sinus. Orchitis was present some years previous, and the patient remembered receiving several blows about this region. On examination, Dr. Oldright found a tumor closely attached to the testicle, and a spot of hardness in the sac, connected by a sinus with the perforation in the skin; the glands in the neighborhood were not enlarged. Unknown to the physician, the patient was also suffering from gonorrhœa. It was thought best

to remove the affected structures. The vessels of the cord were not ligatured, but twisted, in order to permit of a subiodide of bismuth dressing. The tumor was found to be filled with pus, while the organ proper was softer than natural, and of a dirty gray hue.

Dr. Atherton preferred ligaturing the vessels of the cord, as in case of a short cord retracting into the pelvis, hemorrhage might occur, and the vessels be out of reach.

#### INCISED INTESTINE.

Dr. Wilberforce Aikins presented a portion of the small intestines removed from Guard Rutledge stabbed at the Central Prison, and related the following history of the case:

On the morning of January, 13th instant, he was stabbed in the abdomen, the point of the knife (the blade of which was, perhaps, five inches in length) entering at a point about  $2\frac{1}{2}$  inches to the left side, and  $1\frac{1}{4}$  inches below the umbilicus, penetrating the whole thickness of the abdominal wall, and passing backwards and inwards as far, it is believed, as the front of the vertebral column. Throughout the day he complained of local tenderness in the region of the wound; his pulse rate rose steadily toward evening, at which time there was also some elevation of temperature, and the abdomen became more markedly tympanitic; he also suffered from nausea and vomiting.

The Prison Surgeon, Dr. W. T. Aikins, assisted by Drs. Woods, McCullough, and Wilberforce Aikins, that evening made an incision in the abdominal wall, about seven inches in length, extending from a point a little above and to the left of the umbilicus downwards in the middle line to a little above the pubes, with the double object of securing any bleeding points, and sewing up any wounded intestine, if such could be found. When the abdomen was opened, a clot of blood, four inches or more in diameter, and, perhaps, half an inch thick at its centre, was found lying upon the omentum and intestines, and between them and the anterior abdominal wall; sero-sanguineous fluid was also present in fair quantity, and the intestine for some distance about the knife wound was generally injected. After the removal of the clot and fluid, the small intestine, which was rather flat, was examined in its length from the com-

mencement of the jejunum to the ilio-cæcal valve; no opening could be found in it, nor was there any trace of any of its contents in the cavity; there was, however, found a direct cut completely through the mesentery, from which, however, no blood was escaping, and also an opening in the peritoneum lying close above some of the branches of the inferior mesenteric vein, and within a very short distance (perhaps from  $\frac{1}{4}$  to  $\frac{1}{2}$  inch) of the abdominal aorta; as blood was oozing from this, it was secured and ligatured with catgut.

The intestines were then returned to the abdominal cavity, and after the introduction of a drainage tube, having its lower end in the recto-vesical pouch, the abdominal incision was stitched up.

During the course of the following day the temperature and pulse rose steadily, until in the evening they were respectively about  $103.7^{\circ}$  and 160 beats per minute. From the time of the injury he had been kept well under the influence of morphia. Early the following morning he seemed some better, but about the middle of the forenoon he appeared to become suddenly much worse, and, gradually sinking, died the same afternoon.

The autopsy revealed a very tense, tympanitic abdomen which when opened allowed of the escape of fetid gas at once. There was intense diffuse peritonitis, with scattered collections of pus. In the wall of the jejunum about two feet from the duodenum was found a small, unevenly circular opening, of rather less than  $\frac{1}{4}$  inch in diameter, with smooth, rounded, indurated edges, and surrounded for a considerable area with a congested zone; the wound was on the convex surface of the gut about one-third of the distance around from the attached mesentery, and was surrounded on its outer surface, perhaps covered over, with lymph. At a point on the inside of the same gut corresponding with the situation externally of the attachment of the mesentery, and fairly opposite the wound already described, was a distinct abrasion of the mucous membrane, as though it had lain against the portion of the gut subsequently perforated, and the knife in cutting completely through the wall of the latter had at the same time shaved off a portion of the mucous membrane on the



opposite side of the gut, lying in immediate contact with it. No other opening was found, and the remaining organs in this and those in the other cavities of the body, were healthy. It is not unlikely that at the moment when he began to feel suddenly so much worse, flatulent distension of the small intestine, and the disturbance caused by vomiting separated the edges of the opening in the gut, which until then had been folded in and perhaps covered over with lymph, and allowed intestinal gases to pass freely into the general peritoneal sac, rendering much more intense the inflammation already present, and materially hastening his death.

Dr. Machell inquired as to the indications in this case which led to operation.

Dr. Nevitt expressed surprise that the man had been able to walk about for fifteen minutes after the injury and up several flights of stairs.

Dr. Atherton had seen a case of rupture of the duodenum, when the patient, a man, walked half a mile immediately after the accident. Death resulted in thirty-six hours.

Dr. Oldright also remembered a case of rupture of the liver, when the patient walked about for some time.

Dr. Wilberforce Aikins, in answer to Dr. Machell, said that an abdominal incision was determined upon because of

- 1st. The increasing tenderness.
- 2nd. Vomiting having set in.
- 3rd. The rise in the temperature.
- 4th. The probability of there being hemorrhage from some concealed point.

Dr. Atherton gave some notes of a case in his own practice, when a man had fallen from a load of hay, alighting upon the prongs of his pitchfork, which pierced the body, entering the abdominal walls about the level of the umbilicus, and passing out about the left shoulder blade. There was evidence that the lung was pierced. Notwithstanding the severity of the injury recovery ensued.

A short discussion ensued upon the relative antipyretic values of *quinine* and *antipyrine*, in the course of which Dr. R. A. Reeve deprecated the administration of over-large doses of the former as liable to act prejudicially upon the optic and orbital nerves, microscopic vision resulting.

#### STATED MEETING, Feby. 2nd.

Dr. Rosebrugh read an interesting paper entitled,

#### ELECTROLYSIS OF UTERINE FIBROIDS,

See page 78.

February 9th.

Dr. McPhedran showed a man with a painful affection of great toe of left foot. It began ten months ago, after a long walk. For some time it was caused by much walking only, but latterly any walking is painful, and much is impossible. The toe is swollen, and of a dark-red color. Nothing abnormal can be felt. Joints are healthy. There is superficial, as well as deep tenderness, most marked on under surface. The second and fourth toes are slightly affected also. The outside of the heel is also painful, and slightly mottled. Sensation reflexes and muscular power are normal. Personal and family history good. The condition is probably due to some neurotic affection causing the vascular changes and swelling.

Dr. Reeve showed a small piece of steel, removed from a patient's eye by means of the electro-magnet. The metal had pierced the iris and lodged in the anterior part of the lens, the free end being upon the plane of the iris. Removal was effected thirteen hours after the accident.

Dr. R. A. Reeve also explained to the Society the *modus operandi* and peculiar advantages of Maloney's conversation otophone. He expressed the opinion that this instrument was likely to prove of great value as an aid in the education of deaf mutes, as by it the very deaf were enabled to hear low tones, and even whispers.

Dr. Machell related the following history of a case presenting peculiar symptoms:

T. A., a teamster, while sitting upon his load proceeding over smooth ground, was suddenly seized with an acute pain in the centre of the breast. He became unconscious, and fell of his waggon—the wheel passing over the left forearm—but not fracturing either of the bones. After regaining consciousness, he found himself unable to use his hands properly, and the pain

was still intense ; was removed to his home in a cab. When examined two hours later, the pulse and respiration were normal, the face anxious, the movements natural, and the pain still intense behind the sternum, between the third and fourth ribs ; he complained of a tingling sensation in the arms and hands, and exhibited great restlessness—belching wind occasionally. There was some tenderness over the epigastrium. The heart and chest sounds were normal. The previous history was excellent, with the exception of an attack of acute rheumatism, thirteen years ago. He had not been lifting any heavy object, or using any unwonted exertion previous to the onset of the pain. The diagnosis was obscure. Gastric disturbance and aneurism seemed to be excluded, and the symptoms might point to rupture of some vessel into the mediastrium. A sedative mixture was ordered. At midnight the pain was still intense, causing great restlessness. The pulse was 82, the respiration and temperature normal. Consulted with Dr. Sprague.

The next morning the pulse and respirations were slightly quickened, and the pain not much lessened, although the patient was well under the influence of morphia ; extremities cold, and face anxious. On the morning of the second day, the pulse, respirations, and temperature were still greater than before. Auscultation revealed a systolic murmur, heard loudest to the right of the sternum, between the third and fourth ribs, loud, also, in same situation close to the left of the sternum. This bruit could be detected beneath the greater part of the sternum and up the right side of the neck.

A slight impulse could be seen and felt in the second and third interspaces to the right of the sternum, being further removed from the border of the sternum in the third than in the second interspace. Purgatives were given to evacuate the bowels.

The day following neither the murmur nor impulse were so marked. The pulse 106-112. Bowels moved very freely, and with pain. Still restless. The restlessness and frequency of evacuation increased steadily, till he died on the morning of the fifth day, two minutes after he had been out of bed and at stool.

No *post-mortem*, unfortunately, could be obtained.

#### STATED MEETING, Feb. 16th.

Dr. Nevitt presented for examination a case of heart trouble, a peculiar murmur being present in the aortic region. The opinion was expressed that the murmur was aortic regurgitant, and that there might be present a commencing aneurismal dilatation of part of the arch of the aortic.

Dr. Doolittle exhibited several interesting improvements upon the ordinary glass atomizers.

D. G. GIBB WISHART, M.D., *Sec'y.*

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Jas Perrigo, M.D., President, in the Chair.

##### PATHOLOGICAL SPECIMENS.

*Development of Bone from Periosteum.*—Dr. Bell presented a section of the shaft of the femur illustrating the reproduction of bone from the periosteum. The specimen was secured from a patient whose thigh had been amputated ten days after receiving a compound comminuted fracture of the lower end of the femur and the head of the tibia, opening the knee-joint. Extensive sloughing had occurred, and at the time of the operation the patient was *sapremic* from the absorption of putrid material from the sloughing tissues. Twenty-five days later it was found to be necessary to remove two and a half inches of the end of the bone owing to sloughing of the flaps. At the primary amputation the periosteum had been stripped from the bone to the extent of nearly an inch above the point at which it was removed. The bone removed at the secondary operation showed an undoubted development of bone in the periosteum thus detached.

*Purulent Meningitis.*—Dr. Johnston reported a case which had been under the care of Dr. Molson, and in which he had performed an autopsy. Patient was a healthy woman, who, whilst in the sixth month of pregnancy, fell and struck her head. She developed soon after brain symptoms, deviation of the eyes, flexion of the neck to one side, and active delirium. She was admitted to the General Hospital, miscarried, and some days after died. At the autopsy, the ovarian veins were distended but



patent, the renal veins free. There was severe paronchymatous nephritis with slight interstitial nephritis. Spleen and liver enlarged and soft. Uterus enlarged, cavity dilated, placental site free from inflammation. On the right side there was purulent meningitis of the inner surface of the pia mater extending to the base in the middle and anterior fossæ of the skull. There was thrombosis of the right lateral sinus and inferior petrosal sinus. No fracture of the base of the skull was found, but there was a purulent otitis media of the right side with pus in the mastroid cells. The tympanic cavity was covered with granulations. In this case there was no history of ear trouble. Dr. Johnston had no doubt that the otitis was the cause of the meningitis, and that the fall a short time previously had very little to do with the fatal result of the case.

*Rupture of the Heart.*—Dr. H. L. Reddy exhibited a heart showing rupture of the left ventricle:—S., aged 68, day watchman by occupation, enjoyed good health for the thirty years preceding his death. Good family and personal history. Was a tall, well-built man, but not obese. When going down the steps of his house he was seized with a severe pain in his chest; he managed to walk about a quarter of a mile, when he was forced to return and go to bed. On the afternoon of the 8th, or four days after the first attack, whilst reading the newspaper, he threw back his head and died instantly.

At the autopsy Dr. Johnston found the following conditions: Pericardium moderately distended by blood; on opening, blood and clot to amount of 10 oz. found within the sac, the clot forming a complete mould about the heart. A small laceration, half an inch long, situated in anterior wall of left ventricle, one inch to left of septum, surrounded by an area of ecchymosis. On opening ventricles, left nearly empty. Endocardium appears normal, but at spot of rupture, on separating trabeculæ, an area of softening can be seen and bristle readily passed through the laceration. On transverse incision above laceration, a thrombosed vessel seen surrounded by soft yellow area of necrotic muscle. Subpericardial fat in excess, but heart muscle not fatty. On microscopic examination no

extreme atheroma of coronary or systematic arteries.

*Sub-diaphragmatic Abscess.*—Dr. Shepherd reported a case which had come under his observation some months ago.

*Four Cases of Lateral Lithotomy.*—Dr. Fenwick presented to the Society four specimens of vesical calculi recently removed by lateral operation.

*Cirrhosis of the Liver.*—Dr. R. L. Macdonnell related a case of recovery in cirrhosis of the liver, where ascites had been present to a very great extent. The patient, a woman aged 35, married, but childless, was admitted to the Montreal General Hospital in August, 1885, with a large quantity of fluid in the abdomen. She had suffered during the past year from dyspeptic symptoms, with morning vomiting. There was a history of spirit drinking. Prior to admission, was tapped to the extent of 200 ounces. There was tenderness over the hepatic region. The liver was small, measuring three inches in the right mammary line. She remained in the Hospital for ten months, being tapped at first every two or three days, but subsequently at longer intervals, the amount withdrawn being at first about 180 to 200 ounces, but at the time of leaving hospital but 16 or 20 ounces could be obtained. She was tapped sixty times during that year, and taking 150 ounces as an average, altogether 8,500 to 9,000 ounces were removed. The woman has gained health and strength, and is now apparently well, and attending to her household duties. The liver is of the same size, the belly empty, and dyspeptic symptoms have disappeared. The total amount of fluid removed in a year is large, considering the patient's weight (125 pounds) and size. Much larger quantities have been taken, but the case is instructive, as illustrating the benefit to be derived from paracentesis in cirrhosis.

*Dermoid Ovarian Cyst in a Pregnant Woman.*—Dr. Wm. Gardiner alluded to a case he related to the Society with exhibition of the specimen last winter. The case in question was one of ovariectomy for dermoid cyst, with twisted pedicle and most alarming symptoms of peritonitis. At the operation there was found universal adhesion of the cyst; it was necessary to remove the second ovary for commencing dis-

ease. Washing out of the cavity was freely practised, and a drainage tube was used for five days. It lay against the posterior wall of the uterus for five days. The uterus was somewhat large and vascular, but pregnancy was not seriously thought of, yet in a few weeks the woman was found to be undoubtedly pregnant. He now had to report that a few weeks ago she had been confined at full term by her ordinary medical attendant, Dr. Molson, of a large, healthy, living child, and had made an easy and rapid recovery. This was the second ovariotomy Dr. Gardiner had done during pregnancy. The first case was also confined at full term, both mother and child being alive and well. Considering the dangers of pregnancy with ovarian tumor when uninterfered with, such cases surely furnish a strong argument in favor of prompt performance of ovariotomy, even when at the time of diagnosis there are no alarming symptoms. Both of Dr. Gardiner's cases were, however, done for urgent symptoms.

*The Dangers and Accidents of Local Treatment in Puerperal Cases.*—Dr. J. C. Cameron then read a paper on this subject, which has since been published.—(*Abstracted from advanced sheets of our valued contemporary the "Canada Medical and Surgical Journal."*)

[Owing to lack of space we are unable to publish the full report.]

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### Correspondence.

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#### LETTER FROM DR. SWEETNAM.

On arriving at Queenstown, I decided to spend one week upon an Irish jaunting-car with its renowned jarvey, for the purpose of allowing my chylipoetic system to recover from the embarrassment, that in some unfortunate individuals is certain to be created by nine stormy days and worse nights at sea.

Arriving at Edinburgh, I presented my letters of introduction and was favored with sufficient invitations to clinics, operations and dinners, to keep me well and pleasantly employed for the twelve days that were to be devoted to this grand old historic town.

Prof. Simpson, who holds the Chair of Gynecology—a nephew of Sir James Young Simpson,

who introduced the use of chloroform as an anæsthetic—is a good and thoroughly conscientious teacher, but inasmuch as the room in which his clinics are given, and his operations performed, is very small and poorly lighted, and as his class numbers upwards of sixty, the results of the teaching cannot be altogether satisfactory.

Dr. Berry Harte holds a good obstetrical clinic in the Maternity Hospital; he has also a gynecological dispensary service, both of which might be attended with profit by the recent graduate. Dr. J. Helliary Croom is also doing good gynecological work in connection with the Royal Infirmary; but the greater part of my time was spent with Dr. Keith, or rather his son, Mr. Skene Keith.

Dr. Thomas Keith is now a man of about sixty-three or four, about five feet ten inches in height, and slightly emaciated; his face is oval in outline, with well cut nose, and dark, rather deeply set eyes; his hair and whiskers, brown in color, are worn long, and altogether as we meet him in his long broadcloth coat, with trousers of the same material, and his broad-rimmed silk hat sitting well down upon the tips of his ears, he strikes one as being, what he is, a cool clear reasoner, with more than ordinary strength of character—a little impetuous, perhaps, but possessed of a warm and thoroughly honest heart.

The following are a few points suggested by the operations which I was privileged to see by Dr. and Mr. Keith.

Exclusive of the nurse who handles the sponges, and a surgeon who administers the chloroform, they have no assistants. The son assisting the father, or the father the son, with very few spectators.

The patient is placed upon a blanket-covered board, eighteen inches wide, supported at either end by two small tables; the knees are secured to the board by a broad belt, and the hands are fixed by a flannel bandage passed around the wrist, and then tied to the knee belt.

The mackintosh sheeting with the elliptical opening was used, and the adhesive material so admirably applied that I give its formula, kindly supplied by Mr. Keith: emp. resinæ, ʒiij; emp.



saponis,  $\bar{z}$ iv, with a small quantity of olive oil. I certainly have seen nothing used for this purpose which had the same sticking qualities.

The third stroke—in cases where the abdomen is at all distended—commonly carries the knife through the peritoneum, and a pair of blunt-pointed scissors, or a bistoury and flat director rapidly extend the opening; of course in cases where there is no abdominal distension, and no separation of the recti, with therefore no widening of the linea alba—as in operations for pyosalpinx—more care and more time are required; but even here I find that the majority of operators open the peritoneum within three minutes after making the first incision, all bleeding points having been secured by pressure forceps.

(The other day in watching Sir Joseph Lister remove the head of the humerus in an old case of dislocation, I noticed that though the patient was in good condition, and his bones were well covered, the first stroke of the knife exposed the capsular ligament thoroughly, so that no second incision was required during the operation. I have noticed that Dr. Max Schede, of Hamburg, in his operations adopts the same bold style. As we commonly regard a thing as done soon enough when it is well done, this may not appear to be a point of much practical importance, but as it is the style adopted by the best living surgeons the world over, I think that, having properly assimilated our anatomy, we too may follow their example, with profit both to ourselves and our patients.)

The actual cautery was applied to the pedicles over a Baker-Brown clamp. Two cauteries were generally used, one prism shaped, the other thin and sharp. These were heated as hot as possible, and the pedicle cut rapidly through, the clamp being carefully watched that it does no injury to the parts beneath, through the damp towels which have been inserted under the clamp as a precautionary measure; while the directions are to dry the portion of pedicle grasped by the clamp, this must be done carefully, and not too thoroughly; it ought not to be rendered crisp or even stiff; if this be done it will probably adhere to the clamp, crack in the separation, and bleed, whereas, if the heat is withdrawn at the proper time, the pedicle will slip out of the

clamp the moment the clamp screws are loosened, and stand up—between the small forceps which have been applied to each end—like the fin of a fish, soft and pliable, but perfectly white.

Carbolized catgut, which has been thoroughly stretched just previous to the operation, is used to secure bleeding points. This gut should have been in the carbolized oil for at least six months, to enable the water used to render the carbolic acid liquid to separate out. Dr. Keith usually places a few marbles in the bottom of the bottle to keep the gut out of the water as it collects; kept in this way the gut is stronger at the end of one year than it was at the end of six months.

The wound here is closed by a set of silk sutures passed through the peritoneum and abdominal wall, from the under side, between these silk sutures, are placed superficial horse-hair sutures; these latter are not removed for some weeks, the patient often being discharged with these in position.

I have certainly seen no better looking abdominal wounds, as they appear some weeks after the operation, than those of Dr. Keith.

L. M. SWEETNAM.

BERLIN, Feb. 4th, 1888.

To the Editors of THE CANADIAN PRACTITIONER.

### LETTER FROM NEW YORK.

DEAR SIRS,—Believing that a few jottings regarding medical and surgical practice and teaching in this American metropolis would not be without interest to your readers, as well as to keep good my promise made before leaving Toronto, in August last, I will give you some account of the salient features of our professional work as they have been presented to me.

The large pauper population of this city has caused a great many dispensaries to come into existence, some of which are very numerous attended. Some of the enterprising men in the profession finding so great an abundance of interesting material at hand for clinical work, conceived the happy thought of establishing post-graduate schools. At the present time there are two of these—the New York Polyclinic, and the New York Post-Graduate School and Hospital—doing good work, and full of promise for the future. Men and women from the uttermost

parts of the earth—from Japan, California, Australia, Prince Edward Island—have come here to listen to the words, and learn the methods of the masters of our art. Though six or twelve weeks may seem a short time to spend here, yet from the aggregate practice of the hundreds who spend a few weeks here, much good must result from the greater efficiency in diagnosis, skill in operation, and improved therapeutics.

That the best results had already been obtained in schools established only a few years, would be more than a reasonable expectation. In gynecology the amount of material is large, but the number of physicians present is also large, and as one chief object is to acquire the *tactus eruditus* as thoroughly and as quickly as possible, there is need of a plan by which each may have more frequent opportunities of making examinations, and applying remedies. This, however, is not likely to be the cause of the greatest dissatisfaction. There are several professors of eminence, and instructors of more or less note, each of whom, with a few exceptions, thinks it his duty to pull down the teachings of his colleagues, as well as to promulgate his own. Though it must be at once evident to anyone who has been absent from medical centres for even a few years, that great advances have been made, especially in diagnosis and the technique of operations, yet it is very unsatisfactory and confounding to find the teachings of men whom we have considered good authority, not only differing, but diametrically opposed. Alexander's operation—still upon trial—is received here with pretty general favor. A few weeks ago Dr. Polk reported verbally upon twenty-nine cases performed by him, with highly satisfactory results. Dr. Abbe also, of St. Luke's Hospital, reported eight successful cases. Dr. Hunter reports favorably upon a change in his after-treatment in cases of abdominal section. He gives no opiate after the operation, and has the bowels move much earlier than formerly.

In surgery, antisepticism is, for the most part, carried out with scrupulous care. In this Prof. A. P. Gerster, who has recently issued a careful work covering new ground, leads the van. The results obtained, compared with those of pre-Listerian days, certainly justify taking the greatest care, and establish the germ theory upon

a firm foundation. The most "fashionable" operation just now is that for the radical cure of hernia. As yet there are not sufficient data upon which to base judgment as to the results which may be expected. In selected cases it will probably cure, but it is not probable that the experience of a few years will justify the frequency with which the operation is now performed. Well worthy of mention in this connection is the work done by Dr. W. B. DeGarmo in the practice of Heaton's operation—the injection of a solution of white-oak bark into the canal, as high up as the internal ring—by which inflammatory thickening occurs, and cicatricial plug is formed. He is doing much to rescue this valuable operation from the malodor which attached to it from Heaton having so long practised it as a secret operation.

Orthopædic surgery probably has its brightest lights in this city. Sayre no longer stands alone; Gibney, Schaffer, Phelps and others, are doing good and original work. One of the most extensive and interesting surgical clinics is that at the Hospital for the Ruptured and Crippled, under the direction of Dr. Gibney. For about thirteen years Dr. Gibney was assistant-surgeon in this institution, and his wonderful experience in dealing with crippled children, the educated touch, and acuteness of observation, make him the children's favorite and most successful in dealing with them. In the treatment of joint diseases he is the apostle on this continent of the doctrine of immobilization, so much enforced by Hugh Owen Thomas, of Liverpool. He is also the first to discard the brace in the treatment of lateral curvature of the spine, and to give an extensive and thorough trial to medical gymnastics as taught by Bernard Roth, of London. Though he has not yet made a report of his cases it may be said that the results are decidedly favorable where the interest of the patient can be secured, and the instructions faithfully carried out. Dr. Schaffer is the great advocate of traction, and the application of mechanical appliances for the reduction and cure of all deformities. Dr. Phelps has more recently arrived upon the scene, but is already infusing new blood by the introduction of an original operation for club foot and



of valuable original apparatus for the treatment of certain joint diseases.

One of the most interesting is the children's clinic. Professor Ripley has the rare faculty of compelling his auditors to think for themselves. By the prominence given in this clinic to the subjects of rickets, malaria and syphilis, much light is thrown upon many cases otherwise obscure. Many men who have been inclined to look upon the dwelling so much upon these as a hobby, will have reason to be thankful that they were made so familiar with the salient features of these ailments.

Physical diagnosis is thoroughly taught here. In obstetrics the advantages are not good.

My next, I hope to have the pleasure of sending you from Vienna.

B. E. MCKENZIE.

NEW YORK, Feb. 21st.

To the Editors of THE PRACTITIONER.

#### "CACÆTHES SCRIBENDI."

DEAR SIRs,—In the February issue of a new medical journal started in Toronto, bidding for the support of the medical profession of this province, the involuntary recipients are treated to various articles on typhoid fever, which are concluded by a paper on the treatment of this wide-spread scourge from the pen of one of its editorial staff.

Without referring specially to the description of a well-known epidemic prevalent in a city in Eastern Ontario, I think we are quite at liberty to criticise the editorial treatment of the disease, not so much on account of the methods therein described, which in themselves are no doubt safe because not original, but for the reason that we have a right to expect something more from professedly original papers than is contained in all the ordinary text-books upon the subject found on the shelves of every medical man everywhere. We have had a very great deal of "Pepper" in the dish—perhaps the salt will come in the next hearing from the editorial compiler, all of which leads the ordinary every day doctor to reflect upon the multiplicity of periodicals, and by such reflection he will be lead to believe that the "Cacœthes Scribendi" is not altogether unselfish; but, on the contrary,

springs from a desire to specially advertise and form a library as a result of favorably criticising the works of authors.

Yours, etc.,

MEDICUS.

[We regret that the "pepper" in the article referred to should have so seriously affected our correspondent "Medicus." It is not generally expected that what are technically known as original papers shall contain nothing that has been referred to before by authors. It is true that occasionally we get a paper that is perfectly new in all particulars, but its contents are generally rubbish. We were rather pleased with the article on typhoid fever which offended our friend; but we would gladly see a better one, and if Medicus can furnish one of this kind, which is *thoroughly new* in all respects, and free from all the dust referred to, we will gladly publish it.—Ed.]

#### Book Notices.

*Annual Report of Morse Dispensary of Cooper Medical College for 1887, San Francisco.*

*Dangers in Gasoline.* By JOHN H. KELLOGG, M.D., Battle Creek.

*The First Quarterly Report of the Michigan State Laboratory of Hygiene.*

*Health Lessons.* A Primary Book. By JEROME WALKER, M.D. New York: D. Appleton & Co., 1887. Toronto: W. J. Gage & Co.

*Report of the New York Post-Graduate Hospital, including the Babies' Ward, for the past year, ending May 1st, 1887.* 226 East 20th Street.

*Synopsis of the Second Hundred Cases of Urethral Stricture, treated by Electrotlysis, with Cases.* By ROBERT NEWMAN, M.D., New York. (Reprint.)

*The Galvano-Cautery Sound and its Applications, especially in Hypertrophy of the Prostate, with Reports of Cases.* By ROBERT NEWMAN, M.D., of New York. (Reprint.)

*The Three Ethical Codes.* Cloth, 55 pages, postpaid, 50 cents. Detroit, Mich.: The Illustrated Medical Journal Co., Publishers.

In this little book is reprinted the Code of Ethics of the American Medical Association, with its Constitution, By-Laws and Ordinances, brought down to 1888; The Code of Ethics of the American Institute of Homœopathy and the Code of Ethics of the National Eclectic Medical Society. Of the three Codes, that of the American Medical Association is the longest, and that of the Eclectic Society is the shortest, while much of the Homœopathic is strikingly similar to that of the first named. Altogether, it is a handy little book for reference as occasion may require.

*Contributions to the Study of the Heart and Lungs.* BY JAMES R. LEAMING, M.D., Emeritus Professor of Diseases of the Chest, in the New York Polyclinic, etc., etc. New York: E. B. Treat, 771 Broadway, 1887. Price, \$2.75.

This volume is made up of papers, and parts of discussions, written at different times, by Dr. Leaming, and now collected into one book. Dr. Leaming has made a special study of the diseases of the heart and lungs; he is a most accomplished diagnostician, and many of his views, original in character, have been adopted by the general profession.

The essays are divided into three parts:

1. Those pertaining to the respiratory organs.
2. Those pertaining to the heart.
3. Those pertaining to miscellaneous subjects, having some relevancy to parts 1 and 2.

Taken altogether, they furnish a very exhaustive treatise on nearly all of the diseases of these organs. Many of Dr. Leaming's original observations have already been incorporated in some of the best works on practice of medicine. The practitioner who is specially interested in these diseases, will find much that is original and instructive in this present work.

Lea Brothers & Co., of Philadelphia, will shortly publish *A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment*, by PROFESSOR ROBERT W. TAYLOR, M.D., formerly President of the American Dermatological Association, and Joint Author of Bumstead and Taylor's *Pathology and Treatment of Venereal Diseases*. The work will be issued in eight parts, aggregating 58

large folio chromo-lithographic plates, measuring 14 x 18 inches, and containing about 200 figures, many of them life-size, executed with the utmost faithfulness and beauty of detail. These plates will delineate typical cases from the practice of the Author, and selections from the entire literature of Europe, including among others the works of Cullerier, Fox, Fournier, Hebra, Hutchinson, Kaposi, Neumann and Ricord. The text will deal chiefly with the practical aspects of the subjects, and will be illustrated with a series of unusually large engravings, executed specially for this work, and drawn principally from original matter in the possession of the Author. Concerning the *Clinical Atlas*, the *New York Medical Journal* says editorially in its issue of February 4th, 1888:

"We were glad to meet with the announcement that the preparation of such a work, to be issued by Messrs. Lea Brothers & Co., of Philadelphia, was in the hands of Dr. Robert W. Taylor, of New York, all of whose writings have been conspicuously marked by vividness and accuracy. We have lately had the opportunity of examining impressions of a great part of the plates and cuts to be given in Dr. Taylor's new *Atlas*, together with the system of its arrangement. Besides the beauty and fidelity of the illustrations, they have the great merit of portraying typical and instructive rather than startling appearances, and especially of representing not only the acme but also the various phases of the disease to which they pertain. Having those objects in view, whoever sets to work to produce an atlas of cutaneous and venereal diseases finds his greatest difficulty to lie in the work of selection, and the greater are his attainments as a clinician the more readily will he surmount it. Dr. Taylor's well-known excellence in this respect might well have been taken as a sufficient guarantee of the quality of his new work, and our inspection of the plates and letter-press has been only confirmatory. The work will be a most valuable guide in diagnosis and treatment, and we have no doubt it will shed new lustre on American Medicine."

The *Clinical Atlas* will be published by subscription. A prospectus may now be obtained from the publishers.



### Obituaries.

RICHARD ZIMMERMAN, M.D., L.R.C.P.,  
LONDON.

One of the best known and most highly esteemed of our younger Canadian physicians was the late Dr. Richard Zimmerman, of Toronto. He was born at Clifton, at the residence of his father, Mr. Zimmerman, the great banker and railway king, in 1851. The father was killed at the Desjardins Canal accident in 1857, and two bright boys, Jack and Dick, both now gone to the great majority, were left to fight the battles of this cold world. The fortune of the supposed millionaire soon melted away in the expensive litigation which occurred after Mr. Zimmerman's death. Only a few thousands were left for the young orphans; but fortunately for them, kind friends, especially their step-mother and Mrs. Robert Gilmore, of Toronto, cared tenderly for them, and gave them all the educational and social advantages our country could afford.

Dick, the only name his intimate friends had for him, received his preliminary education at the private school of Mr. Franks, and at Upper Canada College. He chose the profession of medicine, and entered the Toronto School of Medicine in the Fall of 1868. He pursued his studies in this school, and took the yearly examinations in the University of Toronto. He was remarkably successful, as shown by the fact that at each of the annual examinations his name appeared at the head of the class lists in every subject, and at the end of his college course, he was awarded the University and Starr gold medals.

After completing his studies in Toronto he went to England, and soon acquired such a reputation in London, that he received the rare honor, for a Canadian, of the appointment as resident assistant physician in St. Thomas' Hospital.

In the summer of 1874, he commenced practice in Toronto, with the brightest of prospects. He was soon made a member of the Corporation of the Toronto School of Medicine, in which he acted as one of the demonstrators of normal and pathological histology, and was

appointed pathologist in the Toronto General Hospital. The public generally prophesied a brilliant career for this promising young physician, but, unfortunately, what everyone expected did not happen. Physical infirmities conquered a brave and noble man, and he was compelled to give up his school and hospital appointments, as well as a great portion of his practice. After a struggle of years with physical weakness he at last succumbed, and died suddenly on the morning of February 4th, 1888, at his residence in Church Street, leaving a young widow and many friends to mourn his untimely end.

Of our friend who has left us, what more can we say—not much. We will ever remember him as one of the noblest specimens of humanity we ever met. One of his oldest and best friends, Professor Osler, of Philadelphia, in writing to Toronto after his death, thus speaks: "So poor Old Dick is dead—'peace to his ashes!' He was a good, kind friend, one of my earliest; for it is close upon twenty years since we entered the Toronto School of Medicine together."

### JOHN HENRY McCOLLUM, M.B.

Dr. McCollum was known for years as one of the most successful and highly esteemed of Toronto's physicians. He commenced the study of medicine in the Toronto School of Medicine, in 1865, and graduated with honors in the University of Toronto, in 1869, when he was awarded a silver medal. He practised for a short time in the country, and then came to Toronto, where he acted for some years as Medical Superintendent of the General Hospital. Having resigned his position here, he engaged in general practice in the city. His ability, tact, and courtesy, soon made him popular with the public, and his practice for many years was a laborious and lucrative one. His health for the last two years was poor, but he continued in the harness with a few intermissions until a few days before his death, when he contracted a pneumonia which pursued a rapid course. He died on the morning of February 13th, at the age of 47, and was buried in Toronto, February 15th. He leaves a wife and six children.

He will be sadly missed by the host of friends who were attracted to him by his kind and genial disposition. Although a very busy practitioner he took a warm interest in politics, and was at one time chosen as the standard bearer of the Conservative party in East Toronto. There is scarcely any doubt that he would have been elected, but he preferred to devote all his time to his profession rather than go to Parliament, although he cheerfully used his great influence for his party in all general elections. In private life he was beloved by all who knew him, and the sympathies of a host of friends are extended to those who were nearest and dearest to him in their sad bereavement.

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### Personal.

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Dr. Ball, has removed to Sherbourne Street.

Dr. Elliott, formerly of Orillia, has removed to this city.

Dr. H. Cunningham has left Kingston, to practice in Toronto.

Professor De Bary, the well-known bacteriologist of Strasburg, is dead.

It is stated that Hon. Dr. Wilson will leave Winnipeg to practise in St. Paul.

Dr. Brown, Reeve of Kingston, was unseated owing to a mistake in the assessment roll, and re-elected by acclamation.

Dr. G. W. Clendenan, has been appointed medical health officer for West Toronto Junction.

J. W. Peaker, M.B. (Toronto), was admitted to the membership of the Royal College of Surgeons.

Dr. Hingston has been elected President of the Montreal School of Medicine and Surgery (Victoria College).

Dr. Hooper, of Kingston General Hospital, has accepted a call to the Parkdale Baptist Church.

Mrs. Oliver Wendell Holmes, the wife of the well-known physician and author of the "Autocrat, Poet and Professor at the Breakfast Table," is dead.

Dr. Canniff, Medical Health Officer for Toronto, having resigned, we understand that Dr. T. S. Covernton is an applicant for the position, and likely to receive the appointment.

The Queen has appointed Sir Edward Henry Sieveking, M.D., to the post of physician in ordinary to Her Majesty, and R. Douglas Powell, M.D., to be one of the physicians extraordinary.

The following Canadians have recently passed the qualification examination of the Royal College of Physicians, of London:—Drs. Thos. Ovens, H. Crawford Scadding, Wm. R. Shaw and F. J. White.

Mr. John H. Stratford, one of Brantford's richest and most public-spirited citizens, died February 12th. He generously erected a model hospital for that city (the John H. Stratford Hospital), which was opened with great ceremony over three years ago.

Dr. Cameron, of Toronto, met with rather a serious accident on February 10th, when he was thrown from his sleigh, and received injuries to the head, with concussion of the brain. He was confined to his house about two weeks, and under the influence of rest and quiet no unfavorable symptoms developed. He is still weak, but it is hoped that his recovery will soon be complete.

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### Miscellaneous.

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"He who is jealous of a rival acknowledges his own inferiority." This is a new aphorism from a Detroit doctor, and there is much truth in it.—*American Lancet*.

An Albany student was asked, "How would you treat a fat man?" "Usually with beer," said he. That young man was practical, at all events. He knew of the weakness in this wicked world.—*Medical Summary*.

INCONTINENCE OF URINE.—Dr. R. Moore, on page 25, January *Medical World*, asks for treatment of a case of incontinence of urine. If he will get 100 Parvules cantharides,  $\frac{1}{30}$  gr., prepared by W. R. Warner & Co., and give one thrice daily, he can cure his patient, and she can drink all the water she wants. I never withdraw usual diet. Have never seen a failure.—*W. S. Cline, M.D., Medical World*.



THE CONSUMPTION OF BEER IN FRANCE.—The quantity of beer consumed in France varies remarkably in the different cities. Thus in Nantes only 4 litres a year for each inhabitant are drunk; in Paris, 12 litres; in Havre, 22; in Nancy, 48; in Amiens, 100; in Saint Quentin, 234; and in Lille, 301. But France is still far behind its hated rival, Germany, in this respect. In Munich, the amount of beer consumed reaches the very respectable figure of 400 litres a year for every man, woman and child in the city.—*Lancet-Clinic*.

That there are now and then unfortunately (for themselves) born into the world strong masculine women devoid of domestic tastes and maternal longings, all will admit. George Eliots, George Sands, and such as they, are fortunately the exception, and should not society permit them to wrestle with the inconveniences of their surroundings and not overturn the established order of things for their special benefit?

In an address to the women of America DeWitt Talmage forcibly says:

"O woman, stay a woman! You belong to a very respectable sex."—*Weekly Medical Review*.

Dermatologists may be a little disappointing in their therapeutics, like the rest of the profession, but when it comes to giving diseases names of real, rasping, polysyllabical stridulousness, they leave other specialists, including the author of Volapük, far behind. Dr. Hyde has recently reported three cases in which the patients were affected with symmetrical and recurrent or persistent tylosis of the palmar and plantar surfaces, accompanied by hyperidrosis, alopecia, bromidrosis, and a species of onychia, which the author supposed to be due to the same process in the skin which produced the callosities.—*N. Y. Med. Record*.

THE DOCTOR AS A SUBSTITUTE FOR PRISONS.—Prince Krapotkine recently delivered a lecture in Paris on "The Moral Influence of Prisons." He argued that prisons were of no use as safeguards to society; that criminals were persons who were suffering from some disease of the brain, heart, or stomach. The only way to deal

with such classes was to put them under medical care in order to cure their physical disease. Krapotkine's views contain a germ of truth. A considerable proportion of criminals have congenital brain-defects, and many more have bodily deformities, phthisis, syphilis, and other diseases.—*Lancet-Clinic*.

A BLIND TAILOR.—No medical or philanthropic visitor to Florence should omit to see a wonderful specimen of what education can do for the blind, in the case of Gaetano Baldelli, now exhibiting his powers at the Museo Internazionale dei Ciechi (International Museum of the Blind). We are familiar with those similarly afflicted who can read printed letters with their fingers; who, introduced into a room, can, by clapping their hands, tell us how large it is, and whether it contains furniture; who can cultivate flowers and distinguish them from weeds. But what must we say to a blind youth who can measure for clothes, cut them out, and make them up in the latest fashion? Baldelli does this before admiring crowds.—*Florence Correspondent, Lancet*.

STROPHANTHUS.—Haas, of Prague, concludes, from his clinical study of strophanthus, that the apex beat of the heart is much less distinct under the influence of strophanthus than under the influence of digitalis: the latter drug produces a sharply defined pulsation, while strophanthus does not so clearly mark the boundaries of the cardiac area, which becomes diffuse. In cases where an exaggerated second pulmonary sound is present, the accentuated quality disappears under the use of strophanthus. The frequency of the pulse is, in the cases described, regularly lessened. In three cases of stenosis of the cardiac apertures of high degree, the patients became cyanotic after taking strophanthus, complained of great dyspnoea, and went into collapse. Haas found that patients suffering from fever bore much larger doses than those who had no fever; fifty drops of the tincture and more were given to fever patients without ill effect, while thirty drops, in twenty-four hours, was the usual dosage for patients not suffering from fever.—*Therapeutische Monatshefte—Medical News*.

WHAT AILS THE MODERN GIRL?—A writer in *Harper's Bazaar* makes a pretty close diagnosis for a layman, as to what ails the modern girl, at least a good many of her. It is well deserving of record as an *indicatio causalis* in the disease which is so often the despair of the doctor. "The modern girl hardly knows what she wants, whether it is the higher education, an æsthetic wardrobe, love or fame. She plays tennis and progressive euchre, and flirts and does Kensington work, and reads Herbert Spencer, and very often writes; she dabbles in music and talks theosophy, and if there are more things in heaven and earth than are dreamed of in her philosophy, one questions, what they can be. Withal, she is as restless as the wind. She does not love the quiet of home; she lives on excitement; she goes to Europe, to the springs, the mountains, the theatres, the receptions, if she can get there, or to the modiste; she can always fall back upon clothes as a diversion, and, when everything else fails, she has nervous prostration and a trained nurse. In fact, the chief trouble with the modern girl, be she rich or poor, is that she does either too much, keeps her nerves on the strain, and by and by goes to the other extreme, and does literally nothing but consume drugs, talk of her ills, and consult the Christian scientists; or she has no real interests, fritters away her time in shallow pursuits, becomes pessimistic and dyspeptic, dissatisfied with herself and all the world; cries and questions if life is worth living, and feels especially blue on holidays. The remedy for all this is, perhaps, an object in life; those who are well and unselfishly occupied do not question if life is worth living; they know it is; and whether they are busy in the shoe factory, behind a counter, at the fireside, in the kitchen or the dining-room, so long as they are busy and not shirking or reaching forward for something more congenial, and neglecting present duty, their minds are at rest and uninvaded by despondency. One of the best remedies for depression of spirits is the effort to bestow happiness; it has been known to prove effectual when all other methods have failed; when novels and new gowns, and cod-liver oil, and bovine, and bromide; when admiration and flattery are no more serviceable than an abracadabra or any

heathen spell. Melancholy or other ills of this nature are the direct result of a too strong egotism, and an absorbing interest in others is a safe and agreeable medicine, and is usually the last thing a modern girl tries."—*Boston Medical and Surgical Journal*.

## Births, Marriages, and Deaths.

### BIRTHS.

CLEMENS.—On Feb. 3rd, at "Blairholme," Port Perry, Ont., the wife of G. H. Clemens of a daughter.

### MARRIAGES.

MORDEN-CLARK.—On Feb. 1st, at Adolphustown, J. B. Morden, M.D., Picton, to Miriam A. Clark, Adolphustown.

CAMPBELL-DALE.—On Wednesday, 25th of January, by the Rev. Wesley Casson, at the residence of the bride's mother, Alexander A. Campbell, M.B., Wiarton, to Elizabeth, daughter of the late John Dale, Esq., Mitchell.

BELFRY-SUTHERLAND.—On the 16th of February, at the Methodist Parsonage, Windsor, by the Rev. Geo. W. Henderson, assisted by the Rev. J. M. Hodson, B.A., Oran Merton Belfry, M.D., of Saginaw City, to Clara Sutherland, of London, Ont.

WOODGATE-COVERNTON.—Dec. 29th, at the parish church of Rosario de Santa Fe, Henry Hammond, second son of Frederic Woodgate, Esq., of Buenos Ayres, to Fanny, eldest daughter of Dr. W. Covernton, of Rosario, and granddaughter of Dr. Covernton, of this city.

### DEATHS.

MCCOLLUM.—On Monday, Feb. 13th, at 154 Jarvis Street, John H. McCollum, M.D., aged 47 years.

MURRAY.—On Feb. 12th, at New Glasgow, N.S., George Murray, M.D., ex-M.P.P. for Pictou.

MCGUIRE.—On Saturday, February 11th, at Guelph, Marianna, wife of E. W. McGuire, M.D., of that city.

ZIMMERMAN.—On Saturday, Feb. 4th, at 283 Church Street, Richard Zimmerman, M.D., L.R.C.P. London, aged 37 years.

JACKES.—On Feb. 8th, at Winnipeg, Albert G. Jackes, M.D., son of the late Franklin Jackes, of Eglinton, Ont., aged 44 years.

CASSELS.—On Feb. 3rd, at Bedford, P.Q., of inflammation of lungs, James McNab Cassels, M.D., eldest son of the late Robert Cassels, aged 48 years and 6 months.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, APRIL, 1888.

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### Original Communications.

#### THE PUBLIC AND THE DOCTOR IN RELATION TO THE DIPSOMANIAC.

BY DR. DANIEL CLARK,

Medical Superintendent of the Asylum for the Insane, Toronto.

(Read before the Students' Medical Society of the Medical Department of Toronto University.)

The best remedy for alcoholic drunkenness is not under discussion. Moral suasion, total prohibition, local option, and their relative merits towards the suppression of this evil are being discussed by abler pens than mine. All, or any of these remedies, have been, so far, only partially successful. The dire effects of drunkenness are to-day seen on every hand. Drunkards are neither "few nor far between." This unfortunate class has our pity, but mere compassion is of little moment unless it can take a practical shape. Essays on alcohol and on its physiological effects in the human system have little power to reclaim an old toper. Moral tracts on the sin of this excess are mostly thrown away on the confirmed inebriate. Sermons depicting the future fate of such are practically useless. He cares next to nothing for his present or future fate with a burning thirst for spirits upon him. Caricature may do its worst; imitation of his stupid antics and frolics may adorn the speech of the temperance lecturer, and set his audience in a roar of mirth; starvation and rags, filth and physical distress, scorn and ostracism, all have no effect on the

majority of the pitiful victims of alcoholism. Nothing short of a miracle, or a Divine dispensation, can save a vast majority of those from their morbid and debasing appetite, if left to themselves. The few are saved by well-meaning philanthropists, but the many are lost to themselves and society. It is, therefore, a social problem, involving tremendous interests, how to save these weaklings of humanity.

The writer may be permitted to divide the drunkards into four classes.

1st. Those who become drunkards from a habit of tippling.

2nd. Those who become drunkards from drinking to relieve nervous prostration, or to drown sorrow or worry.

3rd. Those who drink to excess because of a hereditary tendency to thirst after some stimulant or sedative, arising from nerve and brain susceptibility or depreciation.

4th. Those who become drunkards because of some injury to the brain, spinal cord, sunstroke, or great nervous shock of any kind. The nature becomes changed as well as the character, because of any of these afflictions. They influence the whole man for evil, and that without a truce.

Those who become drunkards from habitual imbibing are usually of three kinds.

(a) The weak-willed who cannot resist the temptation to imitate others in a drinking bout, or who may think it manly to toss off the glass with boon companions.

(b) The genial, jolly, companionable fellow,

who loves company, and is usually good-hearted, generous and free with his money.

(c) The mean-souled man, who cannot resist the temptation to take a glass or two when others pay for them, or who delights to "sponge" on the goodwill and pockets of his more free-giving neighbors.

Any or all of these varieties begin to imbibe as sober men, but, by repetition, the custom becomes a habit, and at last it degenerates into a vice. Such stimulants are insidious, and often do their stealthy work before the victims are thoroughly aware of the mighty grip these have upon them. They wake up to the fact that they have generated and nursed a craving want which it is misery not to satisfy. Some can by the exercise of great determination refrain from drinking in spite of the quenchless desire, but the many drift down the fatal stream without making one effort to reach the shore of safety.

Those who become drunkards by nightly potations, to relieve mental trouble, are more numerous than is supposed. They are not usually found among the drunk and disorderly in a police court; they may not make exhibitions of themselves in public places; they may even give little trouble to their friends or families, and many are not even suspected of drinking, until a vicious habit has been formed. The drinking is done in secret. The victims pass sleepless nights without partaking of some narcotic, and so drink themselves nightly into profound stupor. It is a drunkenness of which no one may know, because the person has no excited stage, seeing he has at once saturated his brain with an overpowering quantity of the stupefying potion. This demoralizing habit may go on for years without any particular symptoms being seen by others during the daytime, as the nocturnal drunkard will only take a small dose in the morning to enable him to throw off the stupidity of the nightly debauch, and to appear as usual before the public. This truce cannot last, and outraged nature takes the punishment upon itself. Paralysis, or apoplexy, or insanity, may be the result. In many, before these sad inflictions supervene, the nightly soporific is followed by the daily spree. The disguise is thrown off, and there is a full surrender to the

persistent victor. This class usually belongs to our active members of society.

The daily brain work above normal; the worry of competitive business; the humdrum of all work and no relaxation; the fierce battle for life all along the line; the envies and jealousies in the world of fuss and fashion; which end in commercial ruin and disappointed ambition, and a thousand such malign influences cause sleeplessness, mental anguish and general nervousness. Such victims flee for refuge to any temporary relief, and they find it most readily in the oblivion of debauch from the use of alcohol or opium.

It might be mentioned here that such nightly stupefactions are more fatal to mental integrity than is any other form of drinking. In such, the excretories have not time to remove the poison from the system nor the brain to recover its tone from the daily invasion, before they are again called upon to defend the citadel of life. Each assault makes the resistance more feeble, until, at last, there is unconditional surrender. It really means daily drunkenness up to the point of stupor and narcotism. No system can stand this nightly strain and live out all its appointed time.

The third class include all the unfortunate victims of a hereditary tendency. These have bequeathed to them a heritage of woe. "Our fathers have sinned, and we bear their iniquities." It is not to be forgotten that it is not drunkenness which is inherited, but only the nervous bias in that direction. It is a sleeping lion, which is harmless until aroused. It is a magazine of dynamite, which is as inert as a piece of granite until rudely shaken or percussed. It is a battery of electricity, whose latent energy is not known until a condition favorable to its manifestation is created. Under the same law this dangerous element of tendency in a man's nature may remain latent until evoked by alcoholic stimulation. The sleeping demon is then aroused and will-power is tied hand and foot by an infernal tenant, which no exorcism can lay. The paroxysms come on the man thus stricken intermittently, as do the periodic impulses of some forms of insanity. The dipsomaniac has his tidal wave of all-conquering impulse. Occasionally men of giant self-control belonging to



this class can successfully resist the burning desire to quench the insatiable thirst of alcohol. They are the few, and through life have an incessant struggle with the tempter. These are among the heroes of our age. The man who has no taste for spirits can easily avoid this temptation, but the man to whom the whiff-of liquor from a bar-room door as he passes, is almost fatal to his integrity of purpose and sobriety has more bravery in him, when he conquers his desire, and more determination of will than has the soldier in a forlorn hope. The hereditary foe is conquered by daily battles, and not by a few isolated repulses or assaults of or against the relentless enemy. This third class is composed of persons in whom is easily discerned constitutional disturbance before the invasion of the periodic outbreaks of dipsomania.

Medical men can easily perceive the unusually nervous condition, the irregular blood circulation, the low nutrition, the morbid fears and forebodings, the unnaturally irritable temper, the lack of resolution and firmness so foreign to the individual in health, and even misconceptions and delusions may supervene when the attack is coming on. The physical and mental conditions show undoubted signs and symptoms of the coming outbreak which the victim cannot resist any more than can the insane maniac. To blame such a man to the same degree as we may those of the other two classes shows ignorance and injustice in respect to these unfortunates of inbred propensity. During these bouts of drinking mania the man is uncontrollable. He has inherited this defective tendency. What in an ordinary man might be very moderate drinking is to him destruction. To even touch the fatal glass is to evoke the hidden energy of incarnate mischief which has come to him as a sad legacy. He is not to be put in the same category as is the man who solely by his own habit puts himself in an irresponsible condition by reason of this drunkenness. Such a person is much to blame for the result of his voluntary acts. He could have avoided been dragged into the frenzy, which often ends in direful acts, perpetrated on himself or others, and so far is without excuse. The person who takes to drinking to excess

by imbibing largely at bedtime, to relieve nervousness and to procure sleep, may scorn the idea of doing so for pleasure, as does the tippler. He usually declares that of two evils he is choosing the least, and treating himself medically. His course of conduct generally ends disastrously to himself, and cannot be excused or palliated. He is responsible for his conduct, as the method adopted of indulging in a nightly debauch is voluntary, and medical experience warns him of its danger. He ought to know what the end must be when he sets out on this evil habit. It is astonishing what credulity these people have in their own will-power. They positively assert that they can stop the habit at any time they choose, yet never make the endeavor. With the most of them this idea of freedom is a delusion and a snare. They boast much of what they can do in throwing off the habit, but their vain-glory is that of a braggart. Seldom is the faith in themselves followed by practical results. So faith without works is dead.

The fourth class is remarkable. A sunstroke, a blow on the head, or a concussion of the brain, or of the whole nervous system often brings about a change of character. The chaste man becomes suddenly licentious in word and action, the taciturn and dignified become garrulous and offensively familiar, the brave become cowards, the honest can no more be trusted; the total abstainer, who never had a desire or taste for stimulants, becomes an inveterate drunkard, not through tippling and confirmed habit, but suddenly after any such nerve injury. The whole nature has undergone a complete revolution, and the morals suffer first. It is not a wickedness, but a physical perversion which has turned into a new channel or modified the moral and intellectual attributes of such a man.

It is singularly paralleled by the magnetic iron, which becomes demagnetized by a blow of a hammer. The shock to the ultimate elements of the iron drives out this subtle agency. The blow changes the nature and quality of each. Experience has shown that many of those who have received a shock or any injury to the nervous system are much more irritable than was formerly natural. As might be expected, such are more easily affected by a powerful

stimulant like alcohol, and its influence is more deleterious than would be under the more healthy conditions. As a rule, the persons in this class are more intractable, excitable, and even maniacal than they would have been had no injury to the nervous system taken place.

It will be seen, then, that we have floating about in our midst, on the stream of life, these hapless slaves to drink. We may eliminate from this vast army of defectives those who could reform if they would only try; yet a large number remain on whom no moral suasion, nor social nor Christian influences have ever had any effect to reform. It makes the heart sad to see the futile efforts of such to escape from this maelstrom of depraved habits, but only finally to be sucked down remorselessly into its ever-devouring vortex.

There is no help for these but enforced restraint. They must be put in custody, where the temptation is beyond their reach. The Insane Asylum is no place for them. They need the same oversight as the insane, but different surroundings and medical treatment suitable to such. To effect a cure, it is necessary to provide them with healthy work, fresh air, various amusements and nourishing food. The buildings should be as homelike as possible; the prison-like should be avoided, as far as practicable. Each case has to be studied separately and treated on individual necessities. The nervous system is starving for its usual stimulant, and this acquired and morbid demand must be met by the administration of natural food and support. Nature seeks healthy highways, if it is only assisted in its heroic efforts to return to the old paths. Were it not for these noble efforts of nature to seek its primal conditions and throw off this man of the sea, woe betide drinking and drunken Christendom.

In the recuperative powers of nature is our great hope in rescuing these perishing. Many of the wealthy go voluntarily to pleasant asylums when remorse is on them after a prolonged debauch. The desire for drink may have left such for a time, then are they in a penitential mood. They readily agree to abide by the advice of the physician. It proves to be only as long as the lull in the brain-storm lasts. The irresistible impulse returns, and

nothing short of personal restraint can then keep the dipsomaniac from his cups. He cares nothing for the conditions of his bond. He defies everyone; he is lost to appeals. He flies from the drunkard's hospital, and quenches his intense thirst in the intoxicating draughts. We casuists and moralists, have not the faintest idea of the agony of such a man, seeking for temporary relief to quiet the raging devil in his surging brain. At these crises he is irresponsible and helpless. Call him a sinner, a depraved man, a vicious citizen as you may, but in the sight of High Heaven he is held guiltless, if no will of his and no moral influence can restrain him. In the first stages of his downward career he may have been to blame, but now he is an object of pity. To hound such a creature in the last stage of his career, because he at first brought it about by voluntary acts is cruel. The man who becomes insane by a sensual life, in which he is the victim of a loathsome syphilis, is none the less an object of pity thereby.

To reform any such drunkard is a difficult work. A refuge must be provided for them with all the stringent rules of a reformatory in active operation. It must be free to "the drunk and disorderly," whose depraved tastes have brought beggary and disgrace on themselves, as well as having an open door to the rich. The notorious and habitual drunkard who has become a pest to himself, his family, and society, should be committed to an inebriate asylum under the same safeguards and stringency as are the insane. It matters not whether the admission is accomplished by voluntary surrender of personal liberty, or by commitment of a magistrate, or by virtue of medical certificates. All or any of these methods should be statutory, and should mean a definite and prolonged term of oversight and submission to prohibitory rules and regulations. The great want in the Province of Ontario is the absence of such an asylum to which poor can go for succor and cure.

All such institutions conducted on the voluntary principle have failed, and must fail to cure chronic drunkards, however well these are conducted. The principle of freedom to come and go at will is practically of no avail to cure.



This system of providing pleasant boarding houses for a few weeks or months away from bosom and boon companions, and without restraints of necessity, cannot be curative establishments. This is their record in Britain and the United States. A step in the right direction has been made in this Province, where a person can voluntarily sign away his liberty to enter a private asylum. This meets the wants of a certain class, but not the most needy. The many will never sign such a surrender, yet are committed daily in shoals from our police courts to consort with criminals of every degree in our gaols, and thus making bad worse. A pauper drunkard has no needy shelter to go to but the prison. The vast majority of drunkards are poor, yet they need to be saved from themselves as well as do the rich. The state has put in their pathway all the conditions necessary to make sots, inebriates and maniacs of the feeble-willed, and it is a burning shame that after the cruel work has been done, there is no haven of refuge and cure for them.

We, the people, put by representation the means of his debasement within the drunkards reach, and out taxes should provide means for the cure of this disease which we have fostered and encouraged, and whose blood-money we receive daily into our coffers. We license to sell this insidious and subtle enemy. It is not asking too much that the revenue from this source should be applied to building hospitals and maintaining them for the cure of drunkenness.

Twelve years ago, this Province took steps to provide for the cure of these unfortunates, but this noble intention was abandoned. The people of this Province never has, and never will, complain of any means being taken to relieve or restrain our unfortunate classes.

Except the cost of the erection of buildings little annual outlay would be needed. The expense of maintenance would be small. All the patients should be compelled to work at some useful occupation and earn their own living. Farming, gardening, mechanical and other pursuits, would only be healthful employment. This class is not like the insane, who in many instances are incapacitated to work, yet about sixty per cent. of these are usefully employed in many ways in our asylums. Healthy work

should be one of the remedial agents employed. Idleness should not be tolerated.

The longer a steady drinker of the tipping class is kept from imbibing stimulants, the more easy is it for him to continue a total abstainer. This is true of all our habits for good or evil, hence the importance of endeavoring to undo a habit of excess by introducing in its place a habit of abstinence and industry.

A hospital to cure drunkards should, in its operations, insist upon healthful habits. Its hygiene and sanitation, its necessary discipline, the absence of the usual temptations and associations, the precept and example, the impossibility of indulging the drink craving; the gradual return of nerve strength and self-possession; the power to refrain from seeking this evil, all contribute to the recovery of many who could never be otherwise than chronic drunkards were no restraint put upon their indulgence. Many storm-tossed and pitiable wretches, who are now bringing untold anguish upon themselves and families, and who are a curse to society, as well as an expense to the country in our gaols and reformatories, might in properly-conducted hospitals, reform and become useful citizens.

The experience of centuries has shown that we are "wasting our sweetness on the desert air" to endeavor to reform these who are thus afflicted by any other means than personal restraint. Religious and moral influences are not to be despised, when the despotism of disease has passed away and reason begins to assert its sway. Noble efforts, by means of these agencies, are continually being made. A few reform, who are not too heavily handicapped in their struggle for liberty, but they are only the few of the great army of drunkards. Among this class of reformed drunkards—so-called—a large proportion relapse, unless they are daily kept under the influence which incites to sobriety. With them it is a daily fight for the mastery.

In my official report of 1879, is the following paragraph, bearing on this subject: "Hereditary drunkards must have the curse removed from them or they from it. The former is not likely to be done at present; the latter may be carried out under government supervision. The

reformation of such is not absolutely hopeless, but the chances of recovery are not many; yet it is the duty of the State to aid such in their efforts to reform, and if this be impossible, then it is equally incumbent to prevent them injuring themselves or others. The immediate injury done by such a drunkard to himself is not by any means the worst feature of the case. If a child inherit to a great extent the constitution and individual peculiarities of one parent, who is a drunkard, with no strongly marked traits of the other to counterbalance them, the probabilities are that a tendency to dipsomania will be the lot of some unfortunate member of that family not thus protected, unless moral influence and early habits of abstinence have kept in check the sleeping demon."

In 1871, Mr. Dalrymple, M.P., England, had a select committee of Parliament appointed "to consider the best plan for the control and management of habitual drunkards." A delegation went to the United States, and reported favorable on a scheme which would include enforced supervision. Two well-known experts from the United States gave evidence favorable to such a scheme, based on their own experience. Britain has inaugurated such a system in a tentative form. The English Bill provided for two classes: First, *the civil part*, in which it is defined to include, "When a person, by reason of habitual intemperate drinking of intoxicating liquors, is dangerous to himself or others, or incapable of managing himself or his affairs." Such a person may voluntarily place himself in a hospital, with the sanction of a commissioner or magistrate. He may be placed there without his consent by relatives or friends, after necessary evidence has been given of his habit. One of the witnesses must be a medical man. The accused can demand to have his case heard and determined by a jury in a Court of Justice. Any person of this class cannot be detained longer than a year. This time limitation is doubtless a weak point in the Bill. To many, such a short detention would be of little benefit in the reforming of a vicious habit, or in curing a disease. The *criminal* part of the Bill states that any person who shall "by any court of summary jurisdiction be convicted of being drunk, or drunk and disorderly, or drunk

and incapable, three times within three consecutive calendar months, may be ordered to find security for his good behaviour during any period not exceeding twelve calendar months from the date of his third conviction; and in default of his finding such security, he shall be liable to be convicted and detained in an inebriate reformatory (*not prison*), for any term not less than one calendar month, and not more than twelve calendar months."

This is a crude but earnest attempt at necessary legislation in the direction indicated, and it shows that this question of enforced restraint of drunkards is forcing itself upon the attention of the British public.

The United States have over twenty inebriate hospitals, but none of them can legally enforce necessary detention to effect permanent cure. The silly cry is raised that were the same rules and regulations applied to them which prevail in respect to the custody and care of the insane, personal liberty would be in danger. The same safeguards could apply in both cases, and these would afford ample protection to the public against undue detention.

An inebriate asylum has been established in Adelaide, New South Wales, since 1876, and has been conducted with marked success. The enterprise is a private one. The government gave \$15,000, and subscriptions to a much larger amount were given by private individuals. The question is being agitated in New Zealand and Tasmania on a similar basis to that hinted at in this paper. In Ontario, any properly organized and conducted private asylum can admit the inebriate for medical treatment on a request made by the patient. Such an inmate can, by giving a few days' notice in writing to the superintendent, leave when he may please. This method of leaving the discharge in the hands of a dipsomaniac, as well as the committal, are weak points in well-meant legislation. The same rule which exists in respect to the insane should prevail for the benefit of these sufferers. As medical men it is our privilege and duty to educate the rising generation, our legislators, our ministers of the gospel and our moral reformers, that there is a class of inebriates who border on insanity, and who are objects for medical treatment. Experience



teaches that appeals to their religious instincts are in vain. The moral nature is paralysed and utterly helpless to control conduct. The physical system through which mind operates is out of tune, and nothing but the repair which time and health can bestow, will bring concord and harmony out of the instrument. The experience of medical men is, that nothing short of personal restraint can cure the members of this class, and to whom is given the name of dipsomaniacs. It is as futile to appeal to their manhood, as it would be to reason any other maniac into rectitude of language and conduct. I would to God that we could say this mania was confined to spirit drunkards. Every druggist and every physician can testify to the increased number of opium and chloral consumers. Those who have formed and are forming the habit are daily increasing. Many who have reformed in their spirit-drinking habit, betake themselves to such narcotics. These drugs are stealthily indulged in as substitutes for liquor, and thus while they have driven out one devil they have co-habited with a dozen in his stead. The former punish with rods and the latter with scorpions. This is not reformation, it is only a change of intoxicants to those of a far more deleterious nature. This habit is more prevalent than is dreamed of by social reformers, and a crusade is needed against the indiscriminate sale and consumption of all such intoxicants. In this neuralgic, nervous, sleepless and bustling age, this tendency will increase unless a warning cry is raised by medical men.

### MANAGEMENT OF THE PERINEUM IN LABOR.

BY G. A. TYE, M.D., CHATHAM.

The obstetrician is always gratified to find the perineum intact after parturition. Few lesions occurring in obstetric practice have more far-reaching consequences than laceration of the perineum. The prevention of this accident is creditable to the accoucheur, and is of the greatest importance to the patient. Fortunately many cases recover perfectly without interference of a surgical nature, and the process of immediate repair is easily performed, so that

there are two avenues of escape from this injury. When the parts fail to heal spontaneously a rather serious plastic operation is required to restore the perineum. In the case where immediate suture is made there is risk from septic absorption, so much so that experienced surgeons have called attention to the dangers that may occur after this operation. We must therefore accept the conclusion that the prevention of perineal laceration is far in advance of any result that can be obtained by processes of repair. He who prevents a rupture is a better obstetrician than he who successfully repairs one.

It is true the perineum cannot always be saved, but the exceptions are comparatively rare, and when they take place are often due to some inherent defect in the parts themselves. Although the perineum is sometimes ruptured by the parts following the head, this paper has reference only to delivery of the head which comes to the perineum by the uterine contractions, or by the aid of the forceps. In the first case, when the pains have forced the head well down on the perineum and towards the vulva, then the head should be retained in that position and not allowed to retire; this is readily accomplished by pressure applied above the uterus with the left hand. The continuous pressure kept up in the intervals between pains exhausts the muscles of the perineum, so that it more readily yields, expansion going on, and steady enlargement of the vulvar orifice taking place. When the pains are forcible, the pressure above the uterus may be relaxed, and the right hand used to support the perineum in the usual manner, that is, keep the head well pressed into the arch of the pubes to prevent an excess of force downwards, and also to allow to proceed slowly so as not to stretch the parts beyond the power of endurance.

Now the condition of the perineum during a pain can only be known accurately by having the parts *in view*; this is an essential point in the treatment for the prevention of laceration. Whether the patient be in the lateral or dorsal position, the clothing being slightly raised on one side, permits the necessary observation. The patient is rarely aware that this is done, and if she is, does not object when she knows for what purpose it is done.

Watching the process between pains when extension of the head is advanced, the perineum can be seen slowly yielding. In almost every case by the method just described, the head can be made to pass the vulva *between pains*. The result is that the perineum is seldom torn. It may seem to require more time for delivery by this method, but such is not the case, for the perineal expansion is more rapid than it is when permitted to relax after each pain. The muscles have time to recover themselves and offer resistance, but when kept even moderately tense they soon lose their power. When the head is well down and extension advanced, if the arm is wearied by the pressure employed, one or two fingers may be passed unto the rectum, and extension be kept up by pressure at the mouth or chin. In the case where the forceps is applied, and has brought the head to the perineum, and we will suppose all obstruction to delivery requiring the aid of the forceps to be passed, shall we now remove the blades? Not unless there is some very obvious reason for their removal.

The forceps is the most powerful means we possess for saving the perineum in these cases. A large number of forceps cases are primiparæ. In these cases there are rigorous contractions, which require strong control towards the latter part of extension of the head, a power which the unaided hand does not possess. The forceps is a handle to the head, which gives the operator absolute control.

The objection that the presence of the forceps increases the size of the body to pass the outlet is true, but practically it makes no difference. The perineum is equal to all the demands made upon it, provided it has the time to meet them. Its use in managing the head is most essential. The handles should be grasped near the lock with the left hand of the operator, these parts should then be brought into view. The head should not be allowed to recede during intervals, and while pains exist the head should be restrained within the limits of safety, as manifested to the eye of the accoucheur. In the intervals also, gentle extension can be continually made with the forceps, and the head can, in almost all cases, be delivered between pains; or should it pass the outlet during a

contraction, it may be always so graduated as *never* to rupture the perineum.

In all forceps cases, the retention of the instrument to complete delivery is safe practice, provided it be used to manage the head.

In many cases the forceps may be applied for no other purpose than to control the extension and secure the perineum. These instruments have many invaluable uses, but the method I have described is one of the most important applications. Several years of observation and practice of this use of the forceps, satisfies me that the method is entirely practical and highly advantageous.

Medical gentlemen to whom I described this plan have tried it, and speak favorably of it. To recapitulate:

1. When the proper time arrives keep the head in constant contact with the perineum in the intervals of pain with the hand or the forceps, as the case may be.
2. Keep the parts in view so that the condition may be always known.
3. Whenever possible cause the head to pass the outlet during the intervals between pains.

### HEREDITARY DEFECT.

BY J. H. BURNS, M.B., TORONTO.

It is remarked in the *British Medical Journal* of 10th December, 1887, that "it is now very generally recognized that a defect from arrest of development in any part is liable to be repeated again and again in succeeding generations, in spite of the introduction of new blood at each marriage," and in illustration of this, Mr. Lucas referred to an observation of his, that among eighty descendants of a woman who had supernumerary digits, thirty per cent. presented a similar deformity. In connection with this subject, I wish to record the transmission of digital defect in a family through five known generations.

The defect in question is the absence of the second phalanges in the second, third, fourth, and fifth fingers and toes, and of the first phalanges in the thumbs and great toes of both hands and feet.

The peculiarity in its transmission is not a



constant one, and the variation is worthy of notice.

Mrs. W's great grandfather, grandfather and every second one of his twelve children had the deformity, also her father and his two children and both her own children. A paternal uncle and every second child of hers are similarly defective. Her sister's children are free from the deformity.

The fourth and fifth families above-mentioned have been under my own observation. The defect, wherever seen, does not vary.

7 College Avenue.

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### Selections.

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*We are indebted to DR. McDONAGH for the translation from the German, and to DR. WISHART for the French.*

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#### PAIN AND ITS CONSEQUENCE.\*

If there be one set of women more liable than another to become victims of morphia or chloral, it is the wives of physicians. Every winter I see four or five, and always it is true that the habit has arisen out of the effort of the husband to attend medically on his wife. Physicians make good husbands, and this is in part due to the fact that their knowledge of the difficulties of feminine life causes them to be more thoughtfully tender, and more charitable as concerns the effects upon women of certain inevitable conditions as to which the laymen is ignorant or indifferent. But the very fulness of the husband's appreciation of a woman's drawbacks and little moral ailments, the outcome of her womanhood, becomes dangerous when he ventures to be her medical caretaker. What he coolly decides in another's case, he cannot in hers. How can he see her suffer and not give her of the abundance of relief in his hands? She is quick to know and to profit by this, and so the worst comes of it.

#### CONVALESCENCE.

To my mind, there is nothing more pleasant than the gradual return to health after some

revolutionary disease which has removed a goodly portion of the material out of which is formed our bodily frame. Nature does this happy work deftly in most cases, where, at least, no grave organic mischief has been left by the malady; and in the process we get such pleasantness as comes always from the easy exercise of healthy function. The change from good to better day by day is in itself delightful, and if you have been so happy, when well, as to have loved and served many, now is the good time when bun and biscuit come back to you,—shapely loaves of tenderness and gracious service. Flowers and books, and folks good and cheery to talk to, arrive day after day, and have for you a new zest which they had not in fuller health. Old tastes return and mild delights become luxuries, as if the new tissues in nerve and brain were not sated, like those of the older body in which they are taking their places.

When you are actually ill, the doctor is business-like and gravely kind; you want him in a way, are even anxious to see him for the relief he may bring, or the reassurance. But when you begin to feel as if you were a creature reborn, when you are safe and keenly enjoying the return of health, then it is that the morning visit is so delightful. You look for his coming and count on the daily chat. Should he chance to be what many of my medical brothers are,—educated, accomplished, with wide artistic and mental sympathies,—he brings a strong, breezy freshness of the outer world with him into the monastic life of the sick-room. One does not escape from being a patient because of being also a physician, and for my part I am glad to confess my sense of enjoyment in such visits, and how I have longed to keep my doctor at my side and to decoy him into a protracted stay. The convalescence he observes is for him, too, a pleasant thing. He has and should have pride in some distinct rescue, or in the fact that he has been able to stand by, with little interference, and see the disease run its normal course. I once watched a famous surgeon just after he had done a life-saving operation by dim candle light. He stood smiling as the child's breath came back, and kept nodding his head with pleasant sense of his own competence. He was most like a Newfoundland

\*From *Doctor and Patient*. By S. Weir Mitchell, M.D.

dog I once had the luck to see pull out a small child from the water and on to a raft. When we came up, the dog was wagging his tail and standing beside the child with sense of self-approval in every hair. The man wagged his head; the dog wagged his tail. Each liked well what he had done.

As a profession, it is my sincere conviction that in our adherence to a high code of moral law, and in the general honesty with which we do our work, no other profession can be compared with ours. Our temptations, small and large, negative and positive, are many and constant, and yet I am quite sure that no like group of men affords as few illustrations of grave moral weaknesses. It is commonplace to say that our lives are one long training in charity, self-abandonment, all forms of self-restraint. The doctor will smile at my thinking it needful to even state the fact. He begins among the poor; all his life, in or out of hospitals, he keeps touch of them always. He sells that which men can neither weigh nor measure, and this sets him over all professions, save one, and far above all forms of mere business. He is bound in honor to profit by no patent, to disclose all he has learned, and to give freely and without reward of his best care to all others of his profession who may be sick. What such a life makes of a man is largely a question of original character, but in no other form of occupation is there such constant food useful to develop all that is best and noblest.

#### SYMPATHY.

We have a certain gentle disrespect among us for the doctor who is described as, oh! so sympathetic,—the man who goes about his work with a pocket-full of banal phrases calculated to soothe and comfort the cravings of the wretched. The sick and feeble take gladly these imitation crumbs cast from the full table of the strong. But sometimes people of firm character revolt at such petty and economical charity. I heard a vigorous old Quaker lady say once, after a consultation, "Thee will do me a kindness not to ask me to see that man again. Thee knows that I don't like my feelings poulticed."

Be sure that the physician cannot be a mere intellectual machine. None know that better

than we. Through all ages we have insisted that he shall feel himself bound by a code of moral law, to which, on the whole, he has held without question, while creeds of more serious nature were shifting and changing. What the Greek fathers of medicine asked of him we still ask of him to-day. He must guard the secrets wrung from you on the rack of disease. He is more often than he likes a confessor, and while the priest hears, as I have once said, the sins and foibles of to-day, he is as like as not to have to hear the story of a life. He must be what About calls him, "*Le tombeau des secrets*,"—the grave of secrets. How can he be too prudent or too close-mouthed? Honor you must ask of him, for you must feel free to speak. Charity you should expect from him, for the heart is open to him as it is to no other, and knowledge, large knowledge, is the food which nourishes charity in the tender-hearted. In the tender-hearted? How can he be that? All his days he has walked amidst misery, anguish, bodily and mental suffering.

In times of more serious peril and suffering, be assured that the best sympathy is that which calmly translates itself into the desire to be of practical use, and that the extreme of capacity to feel your woes would be in a measure enfeebling to energetic utility. This it is which makes a man unfit to attend those who are dear to him, or, to emphasize the illustration, to medically treat himself. He goes to extremes, loses judgment, and does too much; fears to hurt, and does too little. I once saw a very young physician burst into tears at sight of a burnt child, a charming little girl. He was practically useless for the time. And I have known men who had to abandon their profession on account of too great sensibility to suffering.

**CHLORIDE OF METHYL.**—That local anæsthesia by cooling the skin with a spray of chloride of methyl is of value in sciatica has been confirmed by M. Vidal. M. Besnier has employed it to prevent the pain from scarifying lupus. The skin should be blanched before complete anæsthesia sets in. Neuralgia, intestinal and gastric pains, hepatic colic, lead colic, pleuritic stitches, uterine pains, and those from chronic gout, are said to be amenable to its employment.—*Lancet*.



SOME LABORATORY NOTES ON  
PAPOID DIGESTION.

BY R. F. RUTTAN, B.A., M.D.,

Lecturer on Chemistry, McGill University, Montreal.

For some time it has been known that the stems, leaves and unripe fruit of a plant called *Carica papaya* contain a ferment capable of digesting proteids. This plant is found in the East and West Indies, and in South America. The natives of many localities where this plant is indigenous making a practice of rolling their fresh meat in caraca leaves to make it tender and easier of digestion. From the juice of this plant Dr. Finkler, of Bonn University, has made an albuminous preparation containing the ferment, which is now attracting much attention under the name of papoid.

Wurtz, however, was the first to isolate the ferment, to which he gave the name of *papaïn*, and ascribed to it certain definite and characteristic reactions.

About 90 per cent. of commercial papoid is soluble in water; the residue consists chiefly of coagulated albumen. The solution contains globulin, but it is highly probable that the ferment is quite independent of this albuminoid, as the globulin may be precipitated, leaving in the solution a large part, if not all, of the ferment.

As papoid contains the ferment *papaïn* and also some albumen on which it may act, care must be taken to keep it dry. The unsatisfactory results obtained by some in its use are no doubt due to previous exposure of the sample to moisture. A solution of papoid will always give the peptone reaction on standing a few hours.

The greatest differences of opinion have been expressed by different experimenters as to the conditions most favorable to the activity of papoid. Albrecht (*Schmidt's Jhrbuch*, Bd. 190) states that *papaïn* digestion is hastened by the presence of hydrochloric acid. Wurtz, on the other hand, shows that *papaïn* digestion is essentially a neutral one, which is most rapid and thorough at a temperature of about 40°. Rossbach has recorded a few experiments—at variance with most others—in which he claims that this ferment is not more active in a warm

solution than in a cold one. As *papaïn* is a vegetable product, this seems highly probable, but the careful experiments of Dr. Sidney Martin fully prove that a modern degree of heat increases the activity of this ferment just as it does that of any other. The fact remains, however, that *papaïn* has powerful digesting action at ordinary temperatures—50°–70°F.

Dr. Martin has published at some length a series of carefully made experiments on the nature and action of *papaïn* in the *Journal of Physiology*, Vols. V. and VI., and the results of the following experiments, where they run parallel with his, closely correspond with the results obtained by this author:— . . .

The action of papoid in neutral solution on diphtheritic membrane compared with that of pepsin:

(a) Papoid digested completely .3 grm. of diphtheritic membrane in 20 hours.

Pepsin had only partially dissolved the same weight of membrane at the end of 36 hours.

(b) Papoid dissolved completely .5 grm. of membrane in 23 or 24 hours.

In these experiments a 5 per cent. solution of papoid or of pepsin was added to the undivided membrane, and the whole kept wet during the time specified. The membrane was reduced to a clear fluid jelly by papoid, but only partially attacked by the pepsin under the same conditions.

The conclusions to be drawn from these experiments are obvious. Papoid evidently contains a powerful proteolytic ferment which resembles trypsin both in the conditions under which it is most active and in its mode of digestion. It corrodes the fibrin, dissolving each piece away from the surface to the centre, and does not gelatinize the whole mass like pepsin. Moreover, one can readily obtain leucin in the products of digestion. Tyrosin could not be obtained by the writer, but its presence was determined by Dr. Martin, who worked with larger digestion mixtures.

Papoid is especially useful for removal of diphtheritic membrane. The conditions present in the pharynx are just those which retard the action of pepsin and pancreatin, but do not influence papoid. The medium in which it is

required to act is practically a neutral one and the temperature low, there is present, besides, a large excess of the products of digestion which does not affect papoid—indeed it is most energetic in a concentrated medium. Moreover, papoid has been shown clinically to lessen very greatly the disagreeable fœtor of the disease. Painting on a 5 per cent. solution, freshly made, every two or three hours has been found to give the best results: the fœtor disappears in a few hours and the membrane in from 12 to 18 hours becomes thin and glairy.

It would seem to be especially indicated in these forms of dyspepsia in which peptic digestion is greatly impaired and where the secretion of gastric juice is very weak.

Papoid, therefore, promises to be a powerful auxiliary in combating those two great diseases—diphtheria and dyspepsia.—*Canada Medical and Surgical Journal*.

#### ON THE TREATMENT OF PSORIASIS BY LARGE DOSES OF THE IODIDE OF POTASSIUM.

In the year 1881 Greves recommended iodide of potassium for psoriasis, regarding it as a drug possessing much greater influence in causing the disappearance of chronic inflammatory products than was generally supposed. He advised beginning a course of treatment with a solution of ten grains of the iodide to three hundred grains of water, of which a dessert-spoonful was to be taken three or four times daily. At each renewal of the prescription the solution is to be made five grains stronger, and thus increased until thirty or forty grains to three hundred of water have been reached. He never prescribed more than one spoonful four times a day, so that the patient never gets more than ten grains daily.

Haslund began his experiments in the manner proposed by Greves, and while the patient supported the drug well, soon increased the dose materially.

The method which Haslund followed was usually to begin with a solution of ten grains of iodide to two hundred grains of water, of which a dessert-spoonful was administered four times daily. Small children began with a solution of

five grains to two hundred of water, but were soon placed upon the stronger solution. After two or three days six doses were given daily, and two days later, eight, and so on, until the patient was taking twelve spoonfuls, or the whole contents of the bottle in the course of the day, two spoonfuls at a time six times daily. If a patient had taken, for two successive days, the whole bottleful, the author every second or third day made the prescription two grains stronger, and ordered a glass of water to be taken after each dose. Some patients went so far as to consume, in the space of two or three months' time, the enormous quantity of from 1,827 to 2,256 grains of the iodide of potassium. The maximal daily dose varied in the rule from twenty to fifty grains.

The result of this method of treatment was in fifty cases as follows: In forty a full recovery was obtained, in four there was decided improvement, and in six no benefit was obtained. The average duration of treatment in the cured cases was a little over seven weeks.

There was considerable variation in the time at which a disappearance of the psoriasis began. In some cases it was noticed as early as the seventh to tenth day, while in others four or five weeks passed before the lesions began to disappear. One patient took as high as thirty-five grains before an effect could be made out.

These large doses of the iodide were well supported. In ten cases there were slight signs of iodism in the first few days, such as headache and coryza, and slight digestive disturbances, with nausea, cardiac oppression, loss of appetite, and diarrhoea. In one case there was a decided salivation produced; but in none of the cases was it necessary to interrupt the course of treatment, but only to increase the dose more slowly.

In seven cases digestive disturbances appeared necessitating the decrease of the dose one-half, and in a few cases was it necessary to stop the drug entirely. In a few cases the patients had headache and dizziness, in one patient the pulse was one day irregular, two developed albumen in the urine, which in one case persisted for eight days, but in the other had disappeared by the next day without the iodide being stopped. The only severe case of iodism occurred in a man of thirty-seven, who, after reaching fifty



grains a day, became dull, confused and unable to collect his thoughts, had headache and roaring in the ears. His conversation was rational, and all the functions in the best of order, and the appetite was good. The face somewhat bloated. The iodide was at once stopped, but during the night palpitation of the heart came on attended with difficult breathing. In two days the symptoms had all subsided. At the completion of the course of treatment most of the patients left the hospital presenting a healthy appearance. In two cases the bodily weight was unchanged; in twenty-eight cases it had increased from three to seven thousand grains, and in some of the cured cases there had been a loss of from a hundred and fifty to five thousand grains. A decrease in fatty and glandular tissues could not be established. In the only female patient subjected to three large doses, there appeared rather to be an increase in the size of the mammæ. The author concludes, from all these observations, that we possess in the iodide of potassium a drug which, if given in large quantities, will cure an outbreak of psoriasis with comparative safety, and that we possess no other drug which will effect a cure in so short a time, arsenic beginning to show its curative effect only after about six weeks.

In regard to recurrences of psoriasis after the treatment by the iodide of potassium, the author reserves his decision, but it would appear that his method would exercise no great influence. Jarisch in the *Centralblatt für die Gesam. Therap.*—*Cutaneous and Genito-Urinary Jour.*

**BENZOL IN WHOOPING COUGH.**—Mr. Charles Macalister has tried the effects of benzol on a great number of cases of whooping cough, some being in the stage of full development and a few on the decline. In many the benzol appeared to be effective, lessening the frequency of the paroxysms, rendering them less distressing, and also, perhaps, hastening recovery. Benzol is insoluble in water, and will not mix with it even with the aid of mucilage; but if a little rectified spirit (in which it is freely soluble) be added to a thin mucilage, together with some syrup and a few minims of compound tincture of chloroform, an excellent mixture is made.—*Lancet*,

## PRURITUS VULVÆ.

BY J. HEITZMANN.

The cause of pruritus vulvæ may be either local or constitutional. As local causes we find thread worms, decomposition of the vulvar secretions with the formation of free fat acids, decomposition of the urine from lack of muscular energy in connection with the urinary secretions, masturbation, catarrh of the vagina, varicose conditions of the vulva, excoriations, fissures, erosions, ulcerations, herpes genitalis, different forms of eczema, cicatrices, also senile changes in the skin about the vulvar, and lastly pruritus is sometimes purely neurotic. Among the constitutional causes we find diabetes mellitus.

The first object of treatment accordingly is to remove the cause, as far as this is possible. Sometimes there exists a considerable enlargement of the nymphæ, in the removal of which we find the only rational indication for an operative procedure against pruritus. First, however, there are other local diseased conditions as catarrh, fissures, etc., to remove. Cauterisation of the clitoris has only a temporary effect. Pruritus, which is the result of a tractoma pudendorum developed from gonorrhœal infection is particularly obstinate. Eczema presents itself in four varieties: the moist, the scaly, the pruriginous and the marginal. The most effectual remedy for the first is a powder of fluors zinci (1-10 amyllum), and afterwards ung vaselini plumb (diachylon ointment.) In dry scaly eczema, applications of tar are indicated. For eczema pruriginum, tar soap or oleum fagi may be used, and in E. maginatum, spts. sapon-kalin, or green soap, is recommended. The removal of the moss-like vegetation on the inner surface of the labia is usually only temporarily effectual. The application of strong astringents is better; also the removal of keloid cicatrices is of but little use as a rule, because another cicatrix becomes established in the place of the former one. In cases produced by senile changes in the skin, strong solutions of carbolic and salicylic acid, which were formerly highly recommended, are contra-indicated. Pencilling with tinct. rusci or spts. vini gallici has a better effect. The most unfavorable cases for treat-

ment are those of purely neurotic origin without local changes. Cocain answers very well in such cases, and also the application of dry cold.

Diabetes requires treatment directed to the general condition, after which the pruritus disappears of itself without local treatment. Diabetes, however, is rarely a cause of pruritus limited to the vulva alone, but enquiry should always be made with reference to it.—*Centralblatt für Therapie.*

### CONTRIBUTIONS TO THE PATHOLOGY AND TREATMENT OF PERNICIOUS ANÆMIA.

BY DR. PAUL SANDAY.

The writer reported the case of a woman, aged 31 years, who presented the most marked symptoms of pernicious anæmia: intense paleness, intense weakness, irregular temperature, retinal hemorrhages, and disorders of the digestive and circulatory organs.

Bland's pills, pepsin and hydrochloric acid had no effect, and the condition of the patient became worse and worse. The appetite was entirely gone, and the exhaustion had reached an extreme degree, so that the patient could not sit up in bed; she was apathetic and indifferent, scarcely answered a question, and refused all nourishment. The odor from the mouth was most disagreeable, and the œdema at the malleoli had increased. Pulse 120 in the minute. Her condition led one to expect a fatal termination in the near future. Under these circumstances the writer determined to wash out the stomach. At first curdled milk only was removed, but the washing process was continued until the water returned quite clear. Immediately the patient felt easier, and during the day she was able to take a little milk and beef tea. After the first washing out the fever disappeared completely, and never returned. After several washings, the condition was very much improved, and the patient finally left the hospital in the best of health.

These observations led the writer to the following conclusions:—

1st. The disorders of the organs of digestion which are observed in the course of a case of

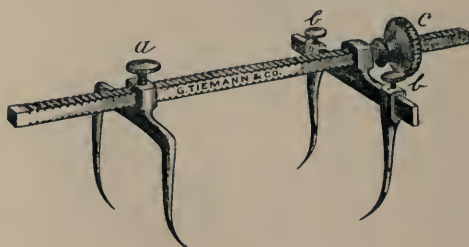
pernicious anæmia, and which have heretofore been regarded as symptoms, appear to be, at least in a certain number of cases, rather the cause of the disease.

2nd. These digestive derangements lead to decomposition and fermentation in the stomach and bowels, the chemical products of which becoming absorbed into the circulation, produce the symptoms of pernicious anæmia.

3rd. The washing out of the stomach, and to a certain extent of the bowels also, is the best treatment for this class of cases.

4th. For cases of pernicious anæmia in which these indications are marked, a more appropriate name would be "anæmia dyspeptica."—*Centralblatt für Therapie.*

A NEW FORM OF HOOKS FOR THE TREATMENT OF SIMPLE FRACTURE OF THE PATELLA—(MODIFIED FROM MALGAIGNE). BY WILLIAM K. OTIS, M.D.—This instrument consists of two light cross-bars, which carry the hooks, and slide easily upon the main or connecting bar, at right angles to it, by means of square slots raised somewhat from the top of each cross-bar. The main bar is a narrow, square rod, smooth



on the sides, but having a screw-thread cut on the corners. One of the cross-bars may be clamped firmly at any point on the main bar by means of a small set-screw (a). The other cross-bar is without a set-screw. Behind it is placed a thumb-screw (c), running on the screw-thread cut in the corners of the main bar, which serves to push the cross-bar powerfully forward along the main bar. In regard to the hooks themselves—to which a very different curve from those originally used has been given—one pair is solidly fixed to its cross-bar, the other pair being arranged to slide upon the cross-bar and clamp by means of small set-screws (b, b), so that the hooks may be brought



near to or away from each other, and thus adjusted to fit any fragment.

The instrument is complete in itself, needing no wrench or key. The connecting-bar is raised a sufficient distance to prevent its touching the integument. It is exceedingly light, and loses in a great measure the forbidding aspect pertaining to the original instrument. The practical working of the mechanism of this instrument has been demonstrated by its application by Professor R. F. Weir in a case in which, owing to the inequality of the fragments, the instrument of Malgaigne was found impracticable.—*N. Y. Medical Journal*.

TREATMENT OF STRANGULATED HERNIA.—Dr. Zeinemann, of Weimar, has added to the list of cases in which the reduction of strangulated hernia has been effected without operation by means of the plan proposed by Finkelstein—viz., the application of ether. One patient was a peasant woman of forty-five, who had an inguinal hernia on the right side. Without any evident cause this became strangulated. Taxis was tried without result. The patient's condition was very low. Dr. Zeinemann laid her on her back with the pelvis raised and the knees flexed, and poured ether over the region of the hernia, a tablespoonful at a time, having taken the precaution of applying oil over the vulva and anus to prevent the severe smarting which ether causes when it comes in contact with mucous membranes. In half an hour the tumor was perceptibly smaller, and a very gentle attempt at taxis was now sufficient to return the gut. The next morning the patient was perfectly well. Dr. Zeinemann recommends that in cases of strangulation much time should not be given up to manipulation, as the earlier ether is used the better. The main effect of the ether is, of course, to cool the hernia and its contents, the gaseous portion of them being in this way greatly diminished in volume. Besides this, the cold sets up active peristaltic action in the gut and renders it more movable. If so much time has elapsed before the commencement of this method of treatment that the muscular coat has become paralyzed, there is less hope of a successful result. Still, the ether treatment may always be tried before resorting

to operative measures, which, in spite of the immense improvement in their results by the introduction of antiseptic surgery, are by no means entirely free from danger.—*Lancet*.

DEATH IN "BLIZZARDS" DUE TO ASPHYXIA.—Markham writes to the *Journal of the American Medical Association* of February 18, 1888, stating that there is an amount of evidence and a combination of circumstances sufficient to show that the greater number of the several hundreds who lost their lives in the recent great "blizzard" of the Northwest perished from asphyxia and not by freezing. Many of the bodies, when found, were in the position of grasping or clutching at their own necks or throats. Indoor witnesses describe the atmosphere as having an appearance of density and darkness, similar to that stated by divers as existing when submerged with their armor in deep water. Many that escaped describe their peril as being from loss of breath or suffocation. The terrific hurricane force of the wind, loaded with falling snow—the latter being by a fall of temperature, whose degree and suddenness have no recorded parallel, converted into dry crystals, and thence by the gale ground to a fine, dry ice-dust—these conditions produced a state of the atmosphere as unfit for respiration and aëration of the blood as is water for warm-blooded animal life.—*Medical News*.

TREATMENT OF PULMONARY PHTHISIS WITH FLUORHYDRIC ACID.—Another antiseptic is added to the already long list of medicines designed to destroy the bacillus of tubercle. A committee of the Paris Academy of Medicine, appointed to report upon this remedy, declare that fluorhydric acid is as powerful an antiseptic as the bichloride of mercury, having a special action upon the tubercle bacillus when inhaled. Its immediate effects are a return of the appetite, moderation of the fever and dyspnoea, and a gradual decrease in the number of the bacilli present in the sputum. M. Garcui reports the following results from its use in 100 cases: thirty-five cured, forty-one improved, fourteen remained stationary, and ten died. The inhalations are attended by no inconvenience.—*L'Union Médical du Canada*.

ANTIPYRIN IN MIGRAINE.—Dr. R. M. King says: "During the last two months I have treated twenty cases of migraine; several of the patients have suffered for over ten years, and, finding all drugs useless, had become reconciled to being periodically prostrated for one or two days. In every case I ordered eight grains of antipyrin, dissolved in water or lemonade, to be repeated each half hour until cured, the patient to remain lying down. Most of the cases were quite cured by two powders, but the most obstinate yielded to three, and in no case did the antipyrin fail. A cup of warm tea sometimes seemed to help, and the only inconvenience due to the treatment was, in a few of the cases, considerable sweating. Many of the patients can hardly credit that, instead of being utterly helpless for twenty-four hours, they can now cut short an attack in one hour. There is another great advantage in using antipyrin, and that is that it prevents as well as cures these attacks. One lady, who cannot remember having fewer attacks than three a month, each lasting about thirty-six hours, has been quite free for eight weeks, and this she attributes solely to the occasional use of an antipyrin powder.—*Medical Review*.

STRANGULATED HERNIA.—Gerster, of New York, says the incision in herniotomy for strangulation should extend well above the inguinal or femoral ring, and should freely expose the place where the hernia escapes from the abdominal wall. By doing this the surgeon will be enabled to divide the constricting band under the guidance of the eye, and without the necessity of inserting the probe-pointed knife into the inguinal or femoral canal, a circumstance that may, even in the hands of a cautious and expert surgeon, lead to cutting or laceration of the intestine, especially if it be very brittle, or necrosed, or adherent. It must be admitted that this often practically converts herniotomy into laprotomy.—*Medical Times*.

SALICYLATE OF BISMUTH IN CHRONIC DIARRHŒA.—In children Solger has found this salt to prove successful in cases of chronic diarrhœa, rebellious to many other kinds of remedies. It is given as a powder in eight-grain and ten-

grain doses three times a day for a child of three years, either fasting or on a full stomach. The efficacy of the drug appears to depend on its disinfecting property, rendering impossible the growth and multiplication of the germs of the intestinal canal. Gutman believes that Gehe's (Dresden) preparation is so good because of the large proportion of bismuth it contains. In some cases of flatulence the salicylate has also proved efficacious.—*Lancet*.

VOMITING OF PREGNANCY.—Prof. Stewart, in the *Philadelphia Medical Times*, says that he has found oxalate of cerium, gr. ij, before meals, to be the best general prescription for the sickness of pregnancy. Where the sickness is alarming he often gets good results from bromide of soda, gr. xxx, every two or three hours. In one of his lectures, Prof. Woodbury said, that often the best way to treat the persistent sickness of pregnancy was to make some application to the *os uteri*, and inform the husband that it was terribly caustic in its action, and the dressings must on no account be disturbed during the continuation of the treatment.—*Archives of Gynecology*.

ERYTHROPHLEINE, A LOCAL ANÆSTHETIC.—This is a chlorohydrate obtained from erythrophlœum, or haya, a plant employed by the natives of the west coast of Africa to poison the heads of their arrows. It has been used recently by Dr. Tunsseau in operation upon the eye, and he reports as follows: The anæsthesia caused by a non-irritant solution of erythrophleine is not produced so quickly, nor is it so complete as that of cocaine, but it lasts a longer period. It has less action upon the conjunctiva than cocaine. In short, erythrophleine will not replace cocaine.—*Journal de Médecine*.

ANOTHER TEST FOR SUGAR.—Mr. Marson recommends sulphate of iron and caustic potash as a test for the presence of sugar in urine. One and a half grains of the pure salt is dissolved in about 120 minims of urine by the aid of warmth, then add five grains of caustic potash and boil. If sugar be present a dark green precipitate will form, the superjacent liquid



being reddish-brown or black, according to the amount of sugar. If no sugar be present the precipitate is greenish-brown in color, and the liquid is colorless.—*Med. Press and Circular.*

### Therapeutical Notes.

CARDIALGIA. (Mussy).—

R Trae stramonii .....	1.0
Hydrast. Canad. ....	8.0
Aqu. laurocer .....	40.0

Sig.—A tablespoonful in water every four hours.

AN ANTISEPTIC LOTION FOR THE EYE (Grandmont).—

R Chlorali hydrati .....	
Natr. salicyl .....	āā 2.0
Aq. destill .....	15.0

PEDICULI PUBIS.—

R Acid salicyl .....	2-3
Vinaigre de toilette .....	25.0
Alcohol .....	75.

—*Centralblatt für Therapie.*

Erb recommends (*Therap. Monatsche*) for paralysis agitans the following:

R Hyoscini hydrochlorici ..	0.01-0.02
Aq. dest. ....	70.0
Syr. cort. aurantii .....	30.0

Sig.—A teaspoonful once or twice a day.

Von Martineau (*Rundschau*) recommends in diabetes the following formula for one pill:

R Lithii carbon .....	0.10
Natr. arsenicos .....	0.003
Extr. gentian .....	0.05

℥. Dose, two pills daily.

Dr. G. Jovissene avows that he always succeeds in aborting furuncles by inunctions of

Lanolin ..... 10 grms.

Red oxide of mercury .... 10 c'grms.

℥. This to be rubbed in three or four minutes once a day for small furuncles, several times for large ones.—*Wk. Medical Review.*

Syrup Yerba Santa, manufactured by Stuart W. Johnston of this city, completely covers the taste of quinine, ten mm. to each grain of quinine being sufficient.

A REMEDY FOR VESICAL IRRITABILITY.—To allay incessant desire to urinate and irritable bladder, when due to phosphatic deposits in the urine, Dr. W. P. Chunn, of Baltimore, uses the following prescription:

R Benzoic acid .....	℥ii.
Borax .....	℥iii.
Water .....	℥xii.

Sig.: ℥ss.t.d.

This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.—*Maryland Medical Journal.*

PRURITUS SENILIS.—Paræsthesia is a rather frequent concomitant of old age. In a case before his clinic, Shoemaker prescribed:

R Plumbi glycerolis .....	
Aq. hamamelis destillatæ. āā part. æq.	

Apply twice a day.

Also:

R Sodii arseniatis .....	gr. j
Extracti ignatiæ .....	gr. ij
Quininæ sulphatis .....	gr. lx.

℥ In seventy pills; one to be given twice daily.—*Medical Times.*

Dr. Roberts Bartholow, says that an excellent substitute for milk, when casein disagrees, is barley water, with cream. The barley water should be carefully strained and have the density of skimmed milk, and one-sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

QUININE IN WHOOPING COUGH.—Bing recommends the salts of quinine, especially the chlorohydrate, in the treatment of whooping cough. In order to obtain the proper effect, it must be given daily in doses of gr. 1½ for every year of the child's age. In order to secure toleration of the drug it should be given in pill or mixture.—*Der Fortschritt, Journal de Médecine.*

**ANTIPYRETIC TREATMENT IN PNEUMONIA.** Dr. N. T. Carswell, the resident physician, has adopted a treatment in cases of pneumonia which has been very successful. A 15 to 20 grain dose of antipyrine is given, and followed in two hours with 20 grains of quinine. The temperature is promptly reduced, and never afterward reaches the original point, say 104° or 105°. The patients seem to progress much faster toward convalescence under this treatment than when the usual method of expectant treatment is employed.—*Medical Times*.

**PHENACETINE—A RECENT ANTIPYRETIC.**—This new drug was first used by Prof. Kast, of Freiburg, and is a derivation of paramidophenol. It occurs in colorless crystals, without odor or taste, hardly soluble in water, more so in glycerine, and very soluble in alcohol. Administered to the healthy individual, in a dose of 50-60 centigrammes, it produces no effect upon the temperature. In elevated temperatures its antifibrile action is certain, while it causes neither vomiting, cyanosis, or collapse, and does not affect the circulation, or produce diuresis, a single dose of 30-70 centigrammes will reduce the temperature 2-2½ degrees, and improve all the symptoms.—*Journal de Médecine*.

**CARBOLIC ACID IN DIPHTHERIA.**—Dr. Roulin gives the history of his cases of diphtheria during the last seven years, seventy-nine in number. All were treated by hourly applications of a ten per cent. solution of carbolic acid. Not a single fatal case occurred. After a detailed account of the cases, Dr. Roulin concludes that—

1. However grave the case, and whatever the age of the patient, diphtheria can and ought always to be treated by carbolic acid.
2. With this treatment, the period necessary to effect a cure varies from two to twenty-three days, five being the average.
3. The treatment is applicable in every case in the form of the douche, the gargle, or applied with a brush.
4. It is without danger.—*Journal de Médecine*.

**SEÑOR ABRIL ON LUXATION OF THE HUMERUS.**—In a Spanish medical journal Señor

Fernández Abril describes what he considers an improved method of reducing luxations of the humerus, the principle of which is that, instead of the body being fixed and the limb manipulated till the head of the humerus finds and slips into the socket, the limb is fixed, and the trunk is moved until the glenoid cavity finds and adjusts itself to the head of the humerus. The only instrument required, is a common crutch, which is placed in the axilla, the patient being in a standing posture. The surgeon grasps the hand, making traction downwards, and directs the patient to try to kneel down. This is quite sufficient to return the bone into its place, the crosspiece of the crutch acting as a wedge. The advantages claimed for the plan are simplicity, non-necessity for chloroform, painlessness and rapidity.—*Lancet*.

**TREATMENT OF SYPHILIS BY INTRA-MUSCULAR INJECTIONS OF MERCURY.**—Rosenthal uses for the purposes of injection the following emulsion:

Yellow oxide of mercury . . . . gr. viii

Almond or olive oil . . . . . 3 iv

An injection every eight days, using 3 ss. each time, and inserting the needle deeply.

Rosenthal draws the following conclusions concerning this:

1. Mercurial injections form a rational method of treating syphilis.
2. Apart from its equal efficacy, this method is more convenient, less expensive, cleaner, and the dosage more exact than any other treatment.
3. Injections of the soluble salts of mercury are less painful, but also less efficacious than those of soluble salts, because the latter are not so quickly eliminated from the body.
4. Injections are to be made into the buttocks preferentially.
5. Intra-muscular are preferable to sub-cutaneous injections.
7. Abscess will not result if strict antiseptics be secured.
8. This method is to be employed in preference to every other with men, but in women, injections often give trouble. It is only to be employed with children when it is impossible to use calomel internally, or when rapid and energetic treatment is required.—*Journal de Médecine*.



# THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1888.

We beg leave to call the attention of our readers to the pink slip which will be found enclosed by which our publishers desire to remind those who are in arrears for subscriptions and the duty and benignity of speedy payment. We know that in their own financial affairs physicians are a long-suffering and much suffering race, the accounts of their own patrons are often far in arrears. The sending out of dunning letters, distasteful enough to everyone, is, perhaps, especially so to members of the medical profession. To our publishers also it is a distasteful task; but they feel that if they are to be encouraged to go forward, and have THE CANADIAN PRACTITIONER what they desire—it should be, viz., the best periodical of its kind in America, they ought to be encouraged to the extent, at least, of prompt payment of subscription dues.

## PRELIMINARY TRAINING OF MEDICAL STUDENTS.

It gives us much pleasure to heartily endorse the praiseworthy efforts of the Ontario Medical Council to raise the standard of medical education in this Province. It is well known that the disgraceful conduct of certain medical corporations in Great Britain in regularly admitting our three years' men to their final examinations sadly crippled the Council for many years. That is now, happily, a thing of the past, and the rigid insistence of attendance at lectures in medical colleges for four full years is already having a very salutary effect.

We have heard much lately about the value

of the examinations for medical matriculation, and we agree with the opinion so generally expressed, that the standard has been too low. For a time the Council was satisfied with the intermediate examination, which meant nothing more than the entrance examination to the High Schools and Collegiate Institutes. This was certainly very unsatisfactory, and not in the interests of medical education. For the last few years the Council has accepted the certificates of having passed the examination for third-class certificates with Latin added. It is generally conceded that this is not sufficient, but up to last year the Council had demanded nothing more.

It gives us great pleasure to state that the standard for matriculation has been materially raised, and that for the future candidates in Medicine will be required to take the second-class non-professional examination, with Latin option compulsory, as conducted by the Education Department. That this is a great step in advance may be inferred from the fact that the requirements for this examination have been assimilated with those of the examination for matriculation in Arts in the University of Toronto.

As many members of our profession have a very vague idea of these requirements we may state that they include the following:—English Grammar; Composition and Prose Literature; Poetical Literature; English, Roman, Greek and Modern History; Physical Geography; Arithmetic; Algebra, to the end of Quadratics; Euclid, three books; Chemistry; Physics; Botany; Latin, Grammar, Composition, and authors prescribed from time to time by the Education Department. The limit of each subject is that prescribed from time to time by the University of Toronto for Matriculation in Arts.

We understand that some members of the Ontario Medical Council, on account of the dissatisfaction in certain quarters with reference to this matter, have been considering the advisability of returning to the old system of having their examinations conducted by their own examiners. We think such a change at the present time would be very unfortunate. It is of the greatest importance that

the Council should keep in sympathy with the general educational system of the Province. It suits the candidates, because the examinations are held in all parts of the Province. It costs the Council nothing. They have simply to accept the certificates and charge the students twenty dollars for registration. The examinations are as fair as they can possibly be under any circumstances. Why should any one wish to go back to a system which involved considerable expense and provoked much hostile, and, as we thought at the time, unjust criticism.

The Minister of Education, in perfecting his scheme for the advancement of the general educational interests of the country, has shown a strong desire to raise the standard in all departments, medical or otherwise. He has endeavored to co-operate with the Council in every way, and placed all the facilities of his general system at their disposal. In the interests of higher medical education it would be a strange time to make a radical change without testing the merits of the new examination with the greatly increased requirements. If the standard under the new *regime* be considered too low, the Education Department can give us an examination which will be equivalent to a second year standing in the University of Toronto. We think that is not necessary at present, and take the liberty of asking the members of the Council to study carefully the present position of affairs in connection with medical matriculation, and give it a fair trial before attempting to inaugurate any radical changes.

#### THE NEW COUNCIL HALL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The erection of the very handsome structure on the corner of Bay and Richmond Streets, for the use of the Medical Council, and for the general purposes of the profession, fitly marks an era in the history of medicine in this province, and it will doubtless be generally conceded that after twenty years of, on the whole, very praiseworthy work, the College of Physicians and Surgeons of Ontario deserved to secure for itself a suitable habitation.

For the first three or four years of its life the College transacted its business and held its examinations in such rented halls as could best be obtained, and indeed led somewhat of a migratory existence, until in the year 1879 the site of the present building, then covered by the Presbyterian Church, whose pulpit was so long and well-filled by the late Dr. Jennings, was purchased for the sum of \$13,500, and in that edifice, wretchedly adapted to the purpose, all the work of the council was done until the year 1886, when the property was placed in the market. The price asked was not secured—a very fortunate circumstance—as it led the present able President to suggest that it would be a good speculation to raise such a structure as would not only serve every purpose of the profession, but also ensure a profitable source of income. To anyone conversant with the growth of Toronto, and the easily observed tendency westward, it will be clear that the expectation formed regarding rental from offices in the vicinity of Bay Street is a just one. We learn that the rooms not required for council purposes are already in demand, and we do not hesitate to predict that when the excellent sanitary condition of the building, with its great advantages as regards light, heat and general convenience, are better known, they will rapidly reach a high value.

We do not intend to enter into a detailed description of the edifice which will very soon be completed throughout, (about the middle of June,) but we may say that it contains, inclusive of the basement, five flats of available space. The basement, with the exception of that portion required for the steam-heating apartment, will be rented for offices, as will also the ground-floor, a portion of which has been already secured for offices of THE CANADIAN PRACTITIONER. The first story will contain the Registrar's offices, Council Chamber, and a room wisely and generously set apart by the council for the Medical Library Association. We have in a former issue alluded to the Library, and intend referring to this important subject at a future time. The second story will be entirely devoted to offices, and as the rooms are for the most part *en suite* it will be a very desirable position for some of our large legal firms, affording them



ample accommodation, and being very convenient to the proposed new Court House and Osgoode Hall. The third story will contain the examination hall, candidates' waiting room and caretaker's apartments. The examination hall is a spacious room, its dimensions being nearly 100 by 45 feet. Every office is provided with an extra large fire-proof vault, is well lighted and ventilated to the main smoke shaft, which will be always kept hot to ensure a sufficient draught, both summer and winter. The whole is heated throughout by steam, and in nearly every room is an open fire place. Each room is connected by a speaking tube to the hall-way on the ground floor. In addition to the light obtained through the windows, provision is made for lighting the halls, from the roof to the basement, through glass floors. Ample accommodation respecting lavatories, etc., has been provided, and the plumbing throughout is in accordance with the latest modern sanitary improvements. The different flats will be reached by easy flights of stairs and an elevator. Apparently nothing has been neglected on the part of the architect, Mr. E. J. Lennox, acting under the instruction of the building committee to render the structure perfect in all respects. When finished, it will be an ornament to the city and a credit to the progressive spirit actuating its founders. We learn that the cost of the building will be about \$68,000, from which an annual rental of about \$7,000 is expected.

Too much praise cannot be given the Building Committee, which is composed of Drs. Henderson, Bray, Day and Cranston, and all the members of the Council resident in Toronto, who have been presided over by Dr. H. H. Wright, and ably assisted by the Treasurer and Registrar of the Council. We tender these gentlemen our congratulations upon the result of their labors, and bespeak for the Council in its new home the confidence of the profession, who may feel justly pleased in securing an appropriate rallying point for all matters pertaining to the advancement of Medical and Surgical science in Ontario.

The report of Toronto Medical Society, and other matter, has been held over for our next issue.

## UNIVERSITY POWERS FOR MEDICAL COLLEGES.

We publish in this issue of the *PRACTITIONER* a letter from Dr. Geikie with reference to the amendment to the Act incorporating what is now known as the "Trinity Medical College." We have pleasure in saying that we agree with most of the statements made in the letter. The examinations held in this college have been creditable in every way, and we see no reason why it should not give to its deserving students any certificates it chooses. It fortunately happens that the high standing of the school must command respect from the profession and the public. While we cheerfully acknowledge these facts, we must adhere to our opinion that the principle involved in the proposed amendment, of giving by Act of Parliament the power to confer such certificates of qualification to all who may apply, is a very serious one.

It matters little what we call them, whether certificates or degrees—it makes little difference whether they be M.B., M.D., F.R.C.S., Eng. (Fellow of the Royal College of Surgeons, England), or F.T.M.C., (Fellow of Trinity Medical College). The designation of fellowship or membership of a medical corporation is generally used by its recipients just as any honorary degree is used. In the letter we are told that the certificate carries no license to practise. That is true to the same extent that the M.B. or M.D. of any university gives no license to practise in Ontario; but such certificates or degrees do give a license to practise in certain parts of this continent. The members of the general profession, and especially the Medical Council of Ontario, have good reasons to know the evils which have arisen from giving too much power to medical corporations in Scotland and Ireland.

The effect would be, in the long run, to place the certificates of qualification and degrees on the same plane, and we must insist that our contention that such an Act of Parliament would be equivalent to granting to this school university powers is absolutely correct. We infer from the words of the Dean of Trinity Medical College, that he and his colleagues were actuated by the purest motives, and intended to be very careful as to their methods of granting their certificates;

and we regret under these considerations that the medical men referred to, who are anxious to go up for this examination, will not be allowed to get the Trinity certificate. While the friends of this excellent institution have every confidence in the integrity and ability of the present staff, there will remain in the minds of all a grave fear of possible contingencies in the future. Such powers have been abused in the past, and there is always a serious danger that history will repeat itself in this respect.

We are glad to know that the profession are generally agreed on this question, and will always offer the strongest opposition to the conferring of such powers on any purely teaching body. We have much pleasure in agreeing with Dr. Geikie as to the desirability of retaining the cordial relations which have existed between the Toronto medical colleges for a long time, and on that account hope that such expressions as "very ill-judged and very petty jealousy" will not be used in the future in discussing this important question. We have to congratulate the Faculty of Trinity Medical College upon the judgment displayed in withdrawing the objectionable clause without asking for a vote. The position of the college is so strong, the ability and energy of its teaching staff are so thoroughly recognized, that its continued success is assured without any such extraneous aids as might accrue from the passage of the proposed amendment.

#### UNIVERSITY SENATE ELECTION.

The next election of the Senate of the University of Toronto will take place in May. The retiring members are Dr. Richardson, of Toronto, Col. Gibson, of Hamilton, and Mr. Macbeth of London. Dr. Richardson wished to withdraw, and thus give place to a younger man; but it was thought that he could not be spared at present, and as a consequence of the strong solicitations of many prominent graduates, he consented to leave himself in the hands of his friends. His great ability, influence, experience and loyalty to the University of Toronto will assure his election; and his presence in the Senate is of such paramount importance in the interests of the new medical faculty that we

trust there will be no opposition from any medical graduates.

Col. Gibson, of Hamilton, has consented to be a candidate, and his claims on the graduates are so strong, and his influence so great for the best interests of the University, that we hope he will get the votes of all the faculties.

Prof. Baker, who was so long the Registrar of the University, has such an intimate knowledge of University affairs in all its departments, that his presence in the Senate would be invaluable. We are more than pleased with the fact that he has consented to be a candidate, and feel certain that he will be elected. It gives us great pleasure to ask the medical graduates to vote for this excellent trio:—Prof. Richardson, Col. Gibson, and Prof. Alfred Baker. Don't neglect to send in your voting papers at the proper time.

#### THE NEW SCIENCE HALL FOR THE UNIVERSITY OF TORONTO.

The plans for the new Science Hall are now complete, and arrangements have been made to commence building at once. It will be situated near Moss Hall (the old Medical School). A description of the building appeared in the *Toronto World*, from which we extract the following: The new college will be of stone, very simple in character, of Romanesque or Norman architecture. The greatest length will be 120 feet and the greatest breadth 73 feet. There will be a tower on one corner. The front elevation faces the east. The main entrance is a little south of the middle of the building, and there is another entrance under the tower. A corridor extends from the main entrance back to the end of the building. On the left hand of the corridor are the following rooms: Professors' room, small library, preparatory room, large lecture room for 250 students. The latter has seats arranged on a plan known as the isacoustic curve. On the south side of the corridor are a laboratory for physical physiology, a room for chemical physiology, and a small room for a Fellow. The next floor contains laboratory for vegetable physiology, a morphological laboratory and a room for photography, a work-



ing room, laboratory for histology and elementary biology. The top floor extends only over the southern half of the building. It contains a glass forcing house for raising plants for experimental purposes, and a room for keeping live animal specimens. In the basement are the heating apparatus (steam), aquarium, lavatories, etc. The building has been so laid out that it can be conveniently enlarged when it is found necessary.

### THE GAMBLE CASE.

The letter from Dr. Powell, which appears in this issue of THE PRACTITIONER, contains a very fair statement of facts connected with the inquest on the body of the late Lizzie Bray from his standpoint. While we may differ from the coroner on certain points, we are pleased to acknowledge that his tone is courteous and dignified, and his opinions, which are ably expressed, are entitled to due respect.

We do not think it advisable to discuss again the various questions which arose in connection with the trials, but simply assert our belief that our opinion formerly expressed, that the prisoner was condemned to death on insufficient medical evidence, is correct. As far as we understood the reports in the daily papers, the verdict was as much a surprise to the learned Judge who presided as to ourselves.

It is quite unnecessary to say much about the unpleasant personal aspects of the case. If the coroner was rather severe (as we think he was) in his comments on the actions of a brother practitioner, his explanations are couched in such kind and considerate language, that we think all may well be forgotten in that connection.

### NOTES.

The third Congress of French Surgeons was held in Paris, March 12-17.

The transactions of the Ninth International Medical Congress will shortly appear.

The Loomis Laboratory of the University of New York has been opened for inspection.

The Province of Ontario has at the present time one insane person to each 615 of inhabitants.

Prof. Virchow has left Berlin for Egypt with Dr. Schliemann, the celebrated archæologist.

The Cartwright lectures are to be delivered by Professor Welch, of Johns Hopkins University.

Professor Virchow has demonstrated that laryngeal phthisis may undergo spontaneous cure.

Vienna University has 1560 medical students; while 6650 are engaged in the study of medicine at the German Universities.

Two hundred and ten deaths occurred in Victoria, British Columbia, last year; the death rate was  $17\frac{1}{2}$  per 1000.

The Seventeenth Congress of the German Surgical Society will be held in Berlin, from the 4th to the 7th of April.

The trustees of the London City Hospital have asked the city council for \$1000 per month towards the maintenance of the institution.

A Royal Commission has been appointed to inquire into the questions of degrees for London medical students.

Dr. Richard Wagner (*Rundschau*), recommends electricity in the treatment of spermatorrhœa, especially when due to sexual excesses.

Dr. Mills (*Edinburgh Medical Journal*) details a case of hydrophobia occurring one year and nine months after the bite of a monkey.

The Alumni of Bellevue Hospital Medical College have erected a tablet in the Carnegie Laboratory to the memory of the late Austin Flint, M.D.

A Sanitary Convention, under the auspices of the Michigan State Board of Health, will be held at Manister, Tuesday and Wednesday, June 6th and 7th.

The International Congress of Ophthalmic Medicine and Surgery will hold its seventh meeting at Heidelberg, from Aug. 9th to 12th next.

The medical friends of Dr. D. Hayes Agnew will celebrate the fiftieth anniversary of his entrance into the profession by entertaining him at dinner on April 6th.

The preliminary programme of the First Congress of American Physicians and Surgeons has just been issued. The Congress will be held in Washington on the evenings of September 18th, 19th, and 20th of this year.

Creolin has rapidly won its way to favor in Germany. It is particularly recommended because it is cheap, non-poisonous and non-corrosive, while a few drops are considered sufficient to give with six or seven ounces of water a solution of very high antiseptic powers.

FRENCH PHYSICIANS.—According to the latest statistics, the number of physicians in France is 11,997. Of these about one-fifth practise the new dosimetric method of treatment, one-tenth are homœopathists, and about one-twentieth hydropathists.

The *Quarterly Review of Narcotic Inebriety*, edited by I. A. Loveland, M.D., is among our new exchanges. It will discuss the etiology, prevention, symptomatology, pathology, prognosis and treatment of narcotic inebriety in all its varied forms. It is published at Gilsun, N. H.

The annual meeting of the Ontario Medical Association will be held in this city early in June. Too much cannot be said of the value of attending such important medical gatherings and of contributing to the interest of the sessions by the reading of papers and the presentation of cases.

Dr. Knorr, a German chemist, has the monopoly for the manufacture and sale of antipyrin, it is the same as dimethyloxiquinisin, which was known in France since 1884, and the Paris Medical Society adopted the conclusion that it

is open to pharmacists to dispense the latter prepared in France when antipyrin is ordered.

Profesor Unna, of Hamburg, announces the opening of a half-yearly course on the histology bacteriology, diagnosis, and therapeutics of diseases of the skin. The course opens on the first of this month. Correspondence may be addressed to Dr. P. G. Unna, Damthorstr 15. I. Hamburg.

NOTIFICATION OF DISEASE.—The authorities of Buda-Pesth require that all medical practitioners report all cases of abortion at any period of pregnancy. The foetus and parts belonging to it are to be preserved for the inspection of the coroner. The *Medical Press* facetiously remarks that the British may yet have to report all cases of syphilis and gonorrhœa, and produce "the parts for the inspection of the coroner."

Signor Succi, the well-known fasting man, has arrived in Florence, and presented himself to the Medico Physical Academy (*Lancet*) to undergo a series of tests as to how long he can with impunity subsist without food. The experiment will be conducted under the superintendence of the Professor of Physiology in the institute, and a report will be made as to the result of the fast.

Mr. Christopher Heath (*Medical Press*), thinks that the tendency at the present time is too strongly in favor of slow surgery, free from the agonized cries and struggles of the unhappy patient, who now lies quiescent while his intestines are being manipulated, or his kidney removed, the surgeon takes his time and often, we are told, without sufficient regard to the injury inflicted on the patient by exposure and loss of blood.

The following is taken from a statute in force in Michigan: "No person duly authorized to practise physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."



Mr. Henry Bergh, of New York, President of the American Society for the prevention of cruelty to animals, is dead. The *Journal of the American Medical Association* thus speaks: "Scientific men, cannot of course, look upon his attempts to abolish experiments on animals as other than the results of his honest, though misguided, zeal, the results of trying to fight an imaginary evil, a practice in which he could see nothing good."

The Harvard Physician and Surgeon's Chair, is, without exception, the most perfect of the kind manufactured, and we have pleasure in testifying to its superior qualities. It is simple in construction, noiseless in its operations, capable of all the positions and movements required, being perfectly balanced, is operated with ease, and as it is also highly ornamental, (with frame of antique oak and upholstered in embossed leather,) it is an elegant piece of office furniture.

"THE CANADIAN PRACTITIONER, which is one of the brightest and best of the journals which come to us from over the border, has donned an entirely new suit, including a cover of new and pleasing design. We are glad to note these signs of prosperity in our contemporary and all the more so as it is entirely deserved, which is not always the case in this wicked and unregenerated world." Thanks, Dear Friend.—*From the Saint Louis Medical and Surgical Journal.*

TOUTING FOR PRACTICE.—A Toronto physician, (M.C.P. & S. Ont.), with a specialty of diseases of throat, lungs, and heart, announces on hand-bills, that he has resumed practice, that calls are punctually attended to at all hours, that electricity is administered after the most approved method; that consumptives are treated by "gaseous injections," the most successful treatment yet discovered; and concludes: "Don't forget the address—Spadina Avenue." All comment on the above atrocity is unnecessary.

The next annual meeting of the American Humane Association will be held in this city,

September 19th, 20th and 21st. While in some departments the association may be doing excellent work, there are connected with it certain fanatics who step across the line of their limited knowledge, and are lost in statements which do not contain even the essentials of truth. From the eleventh annual report of this association, we pick out the following sentences: "Vivisection is useless to mankind. No animal parallels man in anatomical structure, in physiological action, nor in mode or object of life. Vivisection is essentially and unavoidably cruel. The experimentalist argues from false premises, his deductions are wrong, and his applications to the treatment of disease is illogical." What twaddle! and written by a doctor too.

That most reliable firm, John Wyeth & Brother, of Philadelphia—(Davis & Lawrence Co., Montreal), announce to the profession that recent contributions to practical therapeutics, of remedies having remarkable powers, have decided them to prepare a series of compressed pellets, for their more ready and accurate administration. They have collected the most reliable information as to their actions and uses.

The remedies are *Iodol*, a substitute for iodoform; *Salol*, a combination of salicylic and carbolic acids—a salicylate of phenol—which possesses remedial virtues not pertaining to either of its constituents; *Antipyrine*, *Acetanilide* or *Antifebrin*, also, a new remedy similar to antipyrine, and having analgesic property; and *Thalline*, the newest product of chemical art as applied to pharmacology, having similar if not the same powers as it cogeners of the same group of chinoline derivatives.

Dr. William Osler, at Philadelphia Medical Society, said, in reference to the development of pulmonary tuberculosis: "We know but very little yet of the conditions which determine the development of tuberculosis. In part, at least, it is like the old parable of the seed and the sower; the nature of the soil will favor, retard, or prevent the growth. That the bacillus of tubercle will not grow in every soil is demonstrated by autopsies in large general hospitals."

At Blockley, we will find in every hundred sections, say, fifteen or twenty cases with the usual lesions of phthisis; in fifteen or twenty there are no excavations, the lung not extensively tuberculous, but at the apices are small areas of induration, caseous nodules, and a few peripheral miliary nodules. The soil has not been congenial, and the development of the bacillus was restricted. Without bacillus, no tuberculosis; and that opinion is shared by ninety-nine out of every hundred clinicians of day.

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### Correspondence.

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#### THE GAMBLE CASE.

A REPLY FROM DR. POWELL.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIRS,—An editorial in your issue for March subjects me to some decidedly ungentle criticism. From the Bray inquest, which you seem to think should never have been held, to the verdict in the Assize Court, all was wrong, and for all you make me responsible. This is the first occasion in a dozen years' experience in the holding of inquests upon which any action of mine taken in connection therewith has been publicly called in question. Your article contains sufficient internal evidence to show that your knowledge of the case under discussion came from two sources—the reports of the newspapers and the statement of the gentleman you were defending. With an all-around knowledge of the facts you could not possibly have reached such conclusions as those to which you gave expression. Permit me to show you that, viewed from another standpoint, this case presents a very different aspect. It is quite true that the evidence *as published in the papers* would not warrant any such charge as *in them* I am reported to have made. Missing the pivotal points, both of the evidence and the charge, these reports conveyed impressions which were unfair to Dr. Ferguson and to myself. The public were led to misjudge him, and the profession to think my words unduly severe. This is well illustrated in the few lines you reproduce from a newspaper, and which you take to repre-

sent what I said regarding a burial certificate. It is composed of sentences picked out here and there from others that modified their meaning. The separation of text from context makes the portion given wholly misleading. It is my belief that you wrote from a sense of duty as a public journalist, from a desire to defend one who had been hardly used, and from no unfriendly spirit toward myself personally. If I may judge from my own feeling when the duty of commenting otherwise than favorably upon a brother practitioner was, by circumstances presently to be spoken of, forced upon me, you may have found your incidental criticism of myself no pleasant task. Will you do me the justice of believing that for the physician last in attendance upon the late Elizabeth Bray I have never had an unkindly thought. We have been associated in many ways, and I deeply regret the annoyance that this case has caused him. My duty would have been performed in exactly the same way had any other physician in the land occupied his position. It was the sending of an unsigned letter to the Chief of Police that led to inquiry into the circumstances which attended the death of Miss Bray; but for it there would have been no inquest. Evidence warranting the holding of an inquest was so promptly forthcoming when I looked for it, that I am unable to understand why you say on this point that "the physician in attendance could get no information to confirm his suspicions." At the first hearing of evidence it became manifest that Dr. Ferguson was being held responsible by many for the making of an attempt to prevent the holding of an inquest. It was current report, not taken in evidence, that Gamble, on the day following the death, had boasted that he was all right, the doctor had fixed it so that there would be no inquest and the certificate would give peritonitis as the cause of death. It was also informally stated in my presence that the friends of the deceased had refused to give the name of the doctor to those who asked for it. Profiting by the delay in his arrest which the granting of the certificate had occasioned, Gamble had arranged for the destruction of certain evidences of his guilt, and was known to have left the city.

In giving testimony regarding the death of



her niece, Mrs. Parsons swore that "Dr. Ferguson said she must have taken something or there must have been interference in some way.

... On account of her sister we did not want to have anything come out, but had we known *who* was to blame we would have been anxious for an investigation. I heard she got some medicine to take from Mr. Gamble." The fair and obvious meaning of this seemed to be that though an abortion had, in the opinion of the attending physician, been procured and death had followed, there was to be no investigation because it was not clear who was to blame in the matter. This evidence made a decided impression on the jury, a specially intelligent one selected with care in view of the serious nature of the case. Thereafter every witness who could be expected to throw light on the question of the certificate was sharply interrogated by its foreman or its members. An impression that there had been collusion to prevent inquiry was evidently present, as remarks to that effect reached me. I mention this simply to explain later events. Of course I did not believe one word of all that was being said in this way, but hoped to have it made clear by the doctor's own evidence, that he had simply overlooked or had been kept in ignorance of the suspicious circumstances. I would have so charged had he not sworn, "I told Mrs. Parsons I felt confident that there had been interference, by drugs or instruments, with the progress of the pregnancy. The rapid development of the collapse and high temperature so few hours after delivery led me to think this. During the illness Mrs. Parsons told me of her suspicions of Gamble."

In conversation with Dr. Ferguson since the inquest, I understand him to think that he included accidental causes with the others mentioned in this connection. The difference would have been material. I did not so hear or record him, nor did the jury or the gentlemen present, whom I have spoken to on the subject, so understand him. In no newspaper report can I find such additional words. Vindication of my course at the expense of an injustice to another would not be worth having. If that was his meaning, it is most unfortunate for all of us that it was not made distinct. Following the above statement, the foreman asked if it

was usual for medical men to give burial certificates, knowing what he had just sworn to. The reply was: "I suspected the interference, but gave the certificate on account of Mrs. Parsons' position, thinking it not likely that anything could be proved with regard to the cause of the abortion." Subsequently the other two medical witnesses were asked about the certificate, and neither one would directly justify its being granted. In summing up since, in view of all the evidence, I could not say that the decision to have no investigation was right, there was left me a choice between passing the subject in silence, and trying to present it in its true light to the jury. To have taken the first and easiest plan would have been a shirking of duty, and would have led to the certain condemnation of the doctor. Questions put by the foreman, the jurors, and the acting C. C. Attorney showed how serious a view was being taken of this matter. Deciding to consider the certificate-giving as a mistake, I charged that there was absolutely no evidence of intentional wrongdoing on the part of the doctor; that while the giving of the certificate was a most regrettable mistake, it was one which any medical man might have made; that we were no more infallible than other men, and that the doctor, more than any one else, would regret having written it, since it had given time for a man guilty of an awful crime to escape arrest. It was through a kindly wish to spare the feelings of the friends of the deceased that it had been given. If into the lives of any of them there had come the bitterness of such a family disgrace as this, they would understand how strong was the desire to avoid publicity and how great the temptation for the doctor to yield to the wishes of the friends. While there had been a want of care in this case, there was no wrong intent. The medical treatment had been entirely correct." The newspapers skipped all this, but put in all, and more than all, that I said reflecting upon the physician in attendance.

It was my expectation that at the most there would have been only a reference to the need for great care in connection with the giving of burial certificates. With the rider attached to the verdict I have never agreed. It was

a hard judgment, not warranted by the evidence listened to, or my explanation of the responsibility for the action taken. Mentioning this, and having in mind the asking for a recommendation of the rider, I was told that I "had tried to let the doctor down easy." The reporters did not make it look like that in the papers next morning.

It is easy to see now that an infinite amount of trouble would have been saved had a coroner been asked to look, with the medical attendant, into the circumstances which surrounded the death. Unnecessary inquests are seldom held in Ontario. There need be neither expense nor publicity; and I am in a position to know that this, rather than the course you mention, is the one usually followed after suspicious deaths.

In reply to the rest of your editorial, permit me to point out that coroners' juries neither try nor pass sentence upon criminals. It was the clear duty of this one to present Gamble for the murder of Elizabeth Bray, and my duty to send him on to a court which could and did give him a fair trial. Though circumstantial largely, the evidence against him had all the elements of reliability. There was the motive for the deed, the means, the opportunity, the declared intent, and then the confession of the attempt. If there had been any undue desire to convict, I should not have kept back evidence of the most direct kind as to Gamble's previous experience in relieving a victim of his lust of the products of conception. This was not admitted, since it would have created unfair prejudice against him. With a true bill from the Grand Jury, a unanimous verdict of murder from the jury that tried him, and a life-sentence from the Minister of Justice, who decided with all the evidence before him, my action in charging that there was sufficient evidence to connect Gamble with the abortion and death of Elizabeth Bray was sustained. I do not claim that the medical evidence against him was unclouded by doubt. There was room for doubt, and of this doubt he should have had the benefit at his final trial. Upon equally strong evidence I shall charge against the next abortionist whose connection with a death I am called upon to investigate; and in doing so I shall count upon the influential support of THE

PRACTITIONER. With or without that support, when the line of duty lies as clearly before me as it did in this case, I shall take it and take the consequences.

Yours respectfully,

N. A. POWELL.

### TRINITY MEDICAL COLLEGE.

To the Editors of THE CANADIAN PRACTITIONER.

GENTLEMEN,—In an editorial article on the Bill recently passed by the Legislature of Ontario, to amend the Act incorporating Trinity Medical School, you made a statement which I desire to correct. You speak of a clause having been added to the bill during its progress through the House, giving the school power to grant "*Degrees*, not only to its own students, but also to students or graduates of other schools or universities." You further say, "This simply means granting to this school University powers." . . . Now what is the fact? Trinity Medical School, ever since its incorporation, has held annual examinations and given a certificate of qualification to those who passed the severe ordeal to which they were subjected, for the examinations held were as thorough as they could be made. The standard was purposely made very high from the first, so as to guarantee that students passing it, should take a high position before the Medical Council, and other examining or graduating bodies whose license or degrees they might desire to obtain.

Occasionally during the past few years application has been made by medical men, sometimes long in practice, or who had just finished their studies, and who had not attended Trinity School as students, for permission to go up for this examination. These have been refused without exception. But as to refuse so simple and reasonable a request seemed hard and arbitrary, it was thought desirable, by the addition of the words "or others" to one of the sections of the Act of Incorporation, to be able hereafter, to admit such applicants to the same examinations which Trinity students undergo. Be it remembered the certificate awarded to successful candidates carries no *license to practise* with it. Nor do we ever desire to see the *licensing power* given either to ourselves, or to



any other Medical School or University. The interests of the medical profession imperatively demand that the power to license shall remain in the hands of the *Medical Council*, before whose Board every man, wherever educated, must go before being legally, a practitioner in this Province.

It is difficult to see how the conferring of our own certificate, which is the mere *imprimatur* of our Faculty, upon an occasional candidate anxious to obtain it, can be tortured into *full University powers*. As a matter of fact, it is perfectly incorrect to make such a statement. We desire no University powers nor to infringe in the slightest degree upon the privileges of any of our Universities. We do hold, however, that to say to any young or older man, who wishes to earn by examination a certificate from any medical teaching body, which confers no license on its holder, "*you won't be allowed to get it*," appears singular in a free country, and under a Liberal Government like that of Ontario.

The School, now "Trinity Medical College," cares extremely little about the matter, so little indeed, that so soon as it was known that the entirely erroneous view of the proposed change above alluded to, was being sedulously spread by some rival teachers, and even by a very high University of Toronto dignitary in the Legislature, the clause was withdrawn by the gentleman in charge of the bill at Trinity School's special request. The School regarded the proposed modification as *too small a matter* to deserve the name even of a privilege; and wondered at its being made the excuse for an exhibition on the part of rivals, of what can hardly be regarded by those who know the facts, as other than very ill judged, and very petty jealousy. There is one thing to be much regretted in connection with any manifestation of this sort of feeling; that it is calculated to create more or less unpleasantness between the respective faculties and students of the medical colleges in Toronto, and thus to some extent, unfortunately lessen the cordial relations which have happily prevailed between them for a long time, after years of effort to bring about a state of harmony so desirable and so mutually advantageous.

WALTER B. GEIKIE.

Toronto, March, 1888.

## Book Notices.

*Clinical Analysis of Healthy and Diseased Urine, Qualitative and Quantitative.* By T. C. VANNUYS, Professor of Chemistry, Indiana University. With 39 wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1888. Toronto: Williamson & Co.

*Du Catarrhe Chronique, Hypertrophique et Atrophique des Fosses nasales. De l'ozène, obstruction catarrhale des trompes d'eustache, végétations adénoïdes du pharynx. Traitement par la galvano-caustique chimique.* Par Le Dr. Garrigon-Desarènes, Professeur libre d'Otologie et de Rhinologie. Avec 34 figures intercalées dans le texte. Paris: Adrien Delahaye et Emile Legrosnier, 1888.

*Doctor and Patient.* By S. WEIR MITCHELL, M.D., LL.D., Harv. Philadelphia: J. B. Lippincott Company, 1888. Price \$1.50.

This small volume is made up largely of a number of essays which are intended to interest and instruct the laity rather than the medical attendant. It is so readable and refreshing that we can commend it to all. Its general character may be readily gauged from the extracts which appear elsewhere in this number.

*No. 1. Healthy homes and foods for the working classes; No. 2. The sanitary conditions and necessities of school-houses and school-life; No. 3. Disinfection and individual prophylaxis against infectious diseases; No. 4. The preventable causes of disease, injury and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them.* The Lomb Prize Essays. By Drs. V. C. VAUGHAN, D. F. LINCOLN, GEORGE M. STERNBERG, and Mr. G. H. IRELAND. Published by the American Health Association.

*Sexual Impotence in the Male and Female.* By WM. A. HAMMOND, M.D., of New York. Detroit: George S. Davis.

It is unfortunate that so noted a neurologist and gifted a writer as the author of a "Treatise on Diseases of the Nervous System" and of "Lal," should give his time to compiling a series of cases, the reading of which is neither elevating nor instructive. It contains ample food for a sexually morbid mind. The book is well printed and attractively bound.

*Nasal Polypus ; with Neuralgia, Hay-fever, and Asthma in its relation to Ethmoiditis.* By EDWARD WOAKES, M.D. Lond. London: H. K. LEWIS. 136 Gower St., W. C., 1887.

A perusal of this work impresses one with the idea that the title—especially that on the back of the book—is deceiving. It is not so much to nasal polypus that the author's attention is given, but rather to an exhaustive account of inflammation of the ethmoid bone, or more particularly that portion of it known as the middle turbinated bone. To a certain process of necrosis which takes place in the bone and the formation of minute spiculæ which cause irritation, the author attributes the subsequent hypertrophy of the mucous membrane, and also the pathological origin of the mucous polypus. Further, the pressure caused by the hypertrophic enlargement of the middle turbinated bone on nerves of the septum—especially on the nerve of cotunnus—give rise by reflex action through the sympathetic system to various forms of neuralgia, to the symptoms of hay-fever and nasal asthma, as well as paroxysmal sneezing and coughing. The subject is argued out most thoroughly, and is no doubt highly scientific. The work ought certainly to be carefully read by all those who are desirous of an intimate knowledge of the pathology of some important diseases of the nasal cavities.

*Operative Surgery on the Cadaver.* By JASPER JEWETT GARMANY, A.M., M.D., F.R.C.S. New York: D. Appleton & Co., 1887.

Given a cadaver and the opportunity of using it, what manipulations and what operations can be practised upon it to the greatest advantage? This seems to have been the question which Dr. Garmany in the volume before us has tried to answer. His answer is, in many respects, a satisfactory one. Regarding certain operations—ovariotomy for example—very little can be learned by operating upon "subjects." But the list of operations which can be helpfully practised on the cadaver is a long one, and the value of such practice is being more and more appreciated. Diligence in reading without practical training will no more make a surgeon, than will the study of colors make an artist without experience in the use of the brush or pencil. Valentine Mott,

who is said to have performed more operations than any other surgeon living or dead, used to practise over and over again upon dead bodies the operations which he proposed to do upon living ones. When the Ontario Medical Council, which has done so much for medical education, adds to its other requirements for license to practice here, the proof of a practical acquaintance with art of surgery, books of this kind will be more in demand. Until then, its sale here will probably be a limited one. No words are wasted in the instructions given, nor is clearness sacrificed to brevity.

Being based largely upon Stephen Smith's "Operative Surgery," we may feel assured that the methods advised in this book are the best now known to the profession.

The mechanical execution of the work is up to the Appleton standard. Saying this, what more need be said? Who has seen, in recent years at least, a badly issued medical work, bearing the imprint of this firm.

*Transactions of the American Gynecological Society, Vol. 2, for the year 1886.* New York: D. Appleton & Co.

This is a very valuable publication. It should be read by every medical practitioner who is engaged in the treatment of uterine maladies, or who desires to obtain a better knowledge of this important branch of medical art. The book contains 516 pages; the paper is excellent and the typography is faultless.

The papers are unusually able and instructive; some are longer than, perhaps, the audience may have desired, and others are shorter than their merits should have demanded. That of Dr. Engelmann, on "Electricity in Gynecology," does not belong to the latter category; it covers 150 pages, but considering the great importance of the subject, and the high role which this therapeutic agent is destined to assume, in the treatment of numerous morbid conditions that have heretofore perplexed or utterly defied the ablest practitioners, it cannot be charged against Dr. Engelmann that he has written too much. An accurate knowledge of the most improved system of manipulation in electrolytic practice is not less important than diagnostic exactitude, and the readers of Dr.



Englemann's paper will find that he has not been at all niggardly in this relation.

Of the numerous other papers in the book it is impossible to speak at such length, or in such terms of commendation, as their importance should claim. When we say that among the contributors and speakers are to be found the names of Thomas Addis Emmit, Fordeyer Busker, John Goodman, Robert Batty, M. D. Mann, W. H. Baker, and last, but by no means least, that of our own townsman, *James B. Hunter*, we think no further guarantee will be looked for by any Canadian practitioner who has given his attention to the literature of modern gynecology. Apropos of our friend Dr. Hunter, it is most gratifying to all who knew him here, and have watched his career, to see that he has already attained a very respectable position in his profession; and those who were cognizant of his superior talents, his moral worth, and his untiring industry, all look forward with high expectations and the kindest wishes for his future well-being and honorable success. Finally, we venture to say that Dr. Hunter's paper on "*Persistent pain after abdominal section*," is a most sensible and instructive production, and in these days of electric velocity, it is well-timed.

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### Personal.

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Dr. Barton has removed to College Street.

Dr. G. S. Ryerson leaves for Europe in May.

Dr. McKid, of Seaforth, is now in Vienna, Austria.

Dr. W. P. Caven, Toronto, has received the L.R.C.P. London.

Drs. Platt and Roome have been re-elected to the House of Commons.

Dr. Sweetnam expects to return to Toronto about the middle of April.

Dr. G. A. Peters has been appointed examiner in chemistry for the Council.

Dr. J. E. Elliott has been appointed Surgeon to the Toronto Field Battery.

Dr. H. C. Wood has resigned from the staff of the Pennsylvania Hospital.

Dr. and Mrs. Arnott, of London, have gone to California for a holiday trip.

Dr. Adam Thomson has commenced the practice of his profession in Galt.

Dr. Pepler has returned from England, and commenced practice on College Street.

Dr. Kidd, formerly of Wellington, Prince Edward County, has located in Picton.

Dr. Campbell, of Newbury, has recovered from his severe illness and resumed practice.

Drs. Grasset and Teskey were appointed to the staff of examiners for Victoria University.

Dr. Sam. Cummings, Toronto, has received an appointment to Bellevue Hospital, New York.

Dr. A. H. Ferguson has been elected professor of surgery in Manitoba College, in place of Dr. Kerr.

We regret to learn Dr. J. D. Wilson, of London, has left that city for California, owing to failing health.

Dr. James Kerr, late of Winnipeg, has been appointed to the medical staff of the Garfield Memorial Hospital, Washington.

Dr. W. T. Councilman, Associate Professor in Pathology in the Johns-Hopkins University, has been elected to the chair of anatomy. Four of the chairs are now filled: anatomy, pathology, chemistry and physiology.

At the Annual Meeting of the Association of Executive Health Officers of Ontario, the following were elected to the various offices: President, Dr. P. P. Burrows, Lindsay; 1st Vice-President, Dr. E. Griffin, Brantford; 2nd Vice-President, Dr. C. McLellan, Trenton; Secretary-Treasurer, Dr. P. H. Bryce, Toronto. Members of Council were afterwards ballotted for, the following being elected: Dr. Tracy, Belleville; Dr. Sweetland, Ottawa; Dr. Lundy, Preston; Dr. Cassidy, Toronto; and Col. Deacon, Lindsay.

The Medical Society of Toronto University will be officered by these gentlemen this year: President, Dr. A. H. Wright; 1st Vice-President, H. A. Yeomans; 2nd Vice-President, Geo. Shannon; Recording Secretary, W. C. Morrison; Corresponding Secretary, T. S. Webster; Treasurer, J. R. Arthurs; Curator, J. C. Smith; Councillors, H. A. M. Coll, C. F. McGillivray, G. L. McBride, T. E. Bennett, F. Sandison.

### Miscellaneous.

CHRISTIAN SCIENTIST.—“Have you ever tried the faith cure for your rheumatism?” PATIENT.—“Yes, I’m trying it now. I’ve got in my pocket the left hind foot of a graveyard rabbit that was killed in the dark of the moon, and I’m blamed if I don’t think it’s helping me.” *New York Sun.*

THE DOCTOR’S CARRIAGE.—The late Dr. Biddle, of Philadelphia, is alleged to have held peculiar views on the question of the doctor and his carriage. He did his work (and he had a great deal of it to do) entirely on foot. The driving of one horse, he held, is evidence of physical weakness, and the driving of two horses is an indication of mental weakness.—*Med. Age.*

PRACTICAL ANATOMY.—They had asked Dr. Sandblast, the eminent surgeon, to carve the festal fowl, and he stood over it with the carving knife delicately held in the first position. “The incision, you will observe, gentlemen,” he began dreamily, “commences a little to the left of the median line, and—oh, excuse me, Mrs. Parmalee—I thought I was in the—may I help you to a little of the femur?”—*Puck.*

VIENNA.—My stay in Vienna is fast drawing to a close, and I shall leave it with many regrets. Added to its almost perfect opportunities, the city affords many attractions. The Viennese themselves are courteous and agreeable, and one soon excuses the Bohemian whose egotism and rudeness come from ignorance. It must be confessed that the Russian element is not an agreeable one to deal with. They are the personification of greediness and aggressiveness, and if one may judge of the nation as a whole from its medical students, who throng here, posterity will, perhaps, find it possessing the earth, with ultimate designs upon heaven. This, however, does not interfere with the study of medicine here, and to all who contemplate a foreign trip for this purpose Vienna can be confidently recommended as a centre where a maximum amount of work can be done with a minimum waste of time.—*Correspondent of Med. Press, Western New York.*

Professor Samuel D. Gross says in his autobiography: “To accomplish great ends demands patience, perseverance, unswerving application, order and system, and a definite aim—in a word talent rather than genius. The only genius I possess is the genius of industry; if I have any other I have not been able to discover it. The position which I have attained in my profession has been achieved by hard blows, by no special intellectual endowment, by no special gifts from God, by no special favor from man, but by my own unaided efforts, continued steadily and perseveringly through a long series of years, during which a kind Providence afforded me sound health, lofty ambition and unflinching fidelity to my profession. I never spoke ill of a professional brother, or did anything directly or indirectly to undermine his standing with his patients, the profession or the public. On the contrary, I have often gone out of my way to sustain and defend him; sometimes, I fear, when silence might have been the correct course.”

### Births, Marriages, and Deaths.

#### BIRTHS.

WATSON.—On Saturday, March 10th, at 10 Euclid Avenue, the wife of A. D. Watson, M.D., of a son.

#### MARRIAGES.

FREEBORN-GARDNER.—On the 21st of Feb., by the Rev. J. T. Smith, assisted by the Rev. J. Galloway, at the residence of the bride’s mother, Greenbank Cottage, Invermay, James S. Freeborn, M.D., of Markdale, to Marriette Elizabeth, youngest daughter of the late Luke Gardner, Esq.

#### DEATHS.

WOODILL.—On the 3rd March, in Halifax, N.S., William N. Woodill, M.D., in the 38th year of his age.

GAHERTY.—On March 12th, in Montreal, Emma L. Guy, wife of D. D. Gaherty, M.D., aged 37 years.

GAIRDNER.—On March 22nd, at Bayfield, Ontario, Robert Hutchison Gairdner, M.D., L.R.C.S. Edinburgh.

BARRICK.—On Saturday, 17th March, of convulsions, Gladys Edith, youngest daughter of Dr. E. J. Barrick, aged 6 months and 17 days.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

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J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, MAY, 1888.

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### Original Communications.

#### SPINAL IRRITATION.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

I retain the name on account of its familiarity, though it is objectionable because it conveys an incorrect impression of the pathology. The term was first used to indicate an inflammatory change in the spinal cord or its environments, as the cause of the phenomena presented by this affection. Several recent writers refuse to accord it a place in the nosology of disease, because they believe it to be but a form of neuralgia. This, I believe to be theoretically correct, but it is a neuralgia presenting peculiar and very variable phenomena, and therefore its careful consideration is interesting and instructive. We are quite as uncertain of the pathological conditions giving rise to this as to other forms of neuralgia, and in the absence of morbid changes, even after the most minute examination, it is manifestly absurd to set up, as some do, a theoretical pathological basis as, *e.g.*, anæmia of the posterior columns of the spinal cord from vaso-motor spasm. Such a theory is untenable, as it is impossible to conceive of localized anæmia from such a cause persisting for an indefinite period. There is no domain of science in which the inductive method of reasoning is more liable to land us in the regions of absurdity than that of medicine; we are never

absolutely safe in taking a single step without a demonstrable pathological basis on which to rest our theories. Owing to the great variableness in the symptomatology many cases of spinal irritation are easily overlooked. I purpose dwelling on the clinical, rather than the pathological aspect of the affection, and to illustrate some of its phases by describing a few of the more typical cases with which I have met.

The essential and constant symptoms in all cases is the tenderness to pressure over the spinous processes. In many of the severer cases movement is painful, and in some there is more or less constant spontaneous pain in the back. In the majority of cases there is also pain or other phenomena referred to parts connected, directly or indirectly, with the part of the spinal cord, corresponding to the tender part of the spine. The dorsal region is much more frequently affected, next the cervical region, and least often the lumbar. This accords with the experience of all writers on the subject. Quite frequently the cervical and dorsal regions are both affected; the dorsal and lumbar not rarely; but the cervical and lumbar regions seldom, to the exclusion of the dorsal. Occasionally we meet with cases in which one or two processes in each region are affected, as in that of a lad, aged 18, whom I saw a few days ago, in whose spine the first and second cervical, the third and fourth dorsal and the third lumbar processes were tender to pressure. He complained of pain in the chest, which was increased by pressure on the tender dorsal spines. Pressure on the tender

parts of the cervical and lumbar regions caused some shooting pains through the head and about the pelvis respectively. He had indulged in sexual intercourse from the age of 12, he said, lately very excessively.

A few years ago, a young barrister consulted me for pain in the left chest above the nipple, and a troublesome dry cough that he had had for some time, and for which much medicine had been prescribed. Careful examination revealed nothing amiss with the lungs, but pressure over the third dorsal spine caused pain to shoot through the affected part of the chest, and instantly caused him to cough; both pain and cough were produced as often as pressure was renewed. A small blister over the tender process promptly and permanently relieved both symptoms. No medicines were given, but he was advised to take a generous diet and to exercise freely in the open air. In 1886, I met with similar phenomena in a boy, aged 12, in whom there was also a coated tongue and loss of appetite. Medicines were given to improve digestion, and counter-irritants applied to the chest; but with little benefit. A subsequent examination showed the first and second dorsal spinous processes to be tender; a small blister was applied, the former treatment being continued, and the relief was prompt and complete. In a woman whom I saw last week, complaining of dyspnoea and præcordial oppression, pressure over the mid-dorsal region almost took her breath away and greatly excited her. There was probably a strongly hysterical tendency in this case. She was ordered a blister to the spine, and Easton's syrup as a stomachic and general tonic. With what effect remains to be seen.

A few years ago, an Irish physician writing on this subject said, that, with few exceptions, the spinous processes of the third and fourth dorsal, vertebræ are tender to pressure in all persons. He had found them so, he said, in an examination of a large number of persons, including many of the Irish constabulary force. To test the truth of this statement, I have examined a great many persons of various ages and circumstances, including many medical students, with almost universal negative results, only occasionally was a case met with in which there was very slight tenderness.

I have met with a large number of cases in which the chief symptoms of dorsal tenderness was nausea and, sometimes, vomiting, both being relieved by counter-irritation to the tender points. In cases of persistent vomiting in which the spines are not tender, much benefit is often obtained by the application to the dorsal region of the spinal bag filled with either ice or water as hot as can be borne, the latter usually being most agreeable to the patient.

I have met with a larger proportion of cases in which tenderness was confined to the lumbar region than is given by most of the authorities, and some of them of great interest. A few days ago, a man applied at the Toronto Dispensary complaining of pain in the left thigh and leg as low as the middle of the calf. Walking caused so much pain that he was quite lame, and had to use a stick. He had used a liniment of turpentine and croton oil freely to the thigh and leg, causing general redness with a plentiful crop of pustules, but without obtaining any relief. There was little, if any, tenderness over the sciatic nerve, but pressure over the region of the last lumbar vertebræ caused intense pain, which shot down to the middle of the calf. This was evidently a case of so-called spinal irritation. Sciatica is probably nearly always due to inflammation of the sheath and, sometimes, the interstitial tissue of the sciatic nerve, and is not characterized by tenderness over the spinous processes of the lumbar vertebræ.

The following case was under my care a few years ago: A. M., æt 30, a lumber merchant, of fair health, but apt to magnify unduly any ailment. Pain about the pelvis gradually developed. Any jolting, as riding over a rough road, or jumping down off a pile of lumber, which he had occasion to do frequently, caused very sharp pain. There was often irritability of the bladder, but the urine was normal; with the exception of the urine the symptoms were exactly those usually met with in vesical calculus. The bladder was sounded for stone with negative results, first by myself, and afterwards by a leading surgeon, who gave it as his opinion that the case was one of hypochondriasis. Next day I examined the spine and found that pressure over the lower lumbar region sent darting pains through the bladder, perineum, glans penis, etc.,



just as jumping off a pile of lumber would do. All these symptoms were promptly relieved by blistering the tender spines with liquor epispasticus. The condition was set up probably by a slight injury to the spine in jumping off a pile of lumber.

The following case is interesting, illustrating, as it does in a most marked manner, the phenomena accompanying tenderness, not only of the lumbar region, but also of the spine in general, and is the only well-defined case I have met with in which the whole spine was affected.

Mrs. W., aged 27, a lady of superior ability and liberal education. She never showed any symptoms of hysteria. From her childhood she has been delicate. After a severe illness, at the age of 13, she had much pain in the back for a couple of years, often being unable to sleep with a pillow under the head. Her back has troubled her more or less most of the time since. Six years ago she had an attack of severe pain throughout the whole spine. It began suddenly as she was dressing, on rising in the morning, first in the neck and spreading rapidly downwards. She was only able to throw herself on the bed, and for the next ten or twelve hours could not bear to be moved. Every movement, even the flexing of a finger gave her pain; deglutition was painful, but there was no interference with ordinary respiration, though a deep inspiration could not be taken. The whole spine was exquisitely tender, any pressure on it sending darting pains to the corresponding parts of the body. Temperature and pulse were normal; she was perfectly composed, and showed no symptoms of an hysterical character. By evening the symptoms abated gradually, but it was days before the head could be moved backwards and forwards without pain, and tenderness of a considerable portion of the spine persisted. She has since married, and been twice pregnant. In her first pregnancy the spinal symptoms disappeared, except slight tenderness in the mid-dorsal region, and her health was exceptionally good. Considerable debility followed parturition, and the spinal symptoms returned to about the same state as they were before pregnancy. They improved, but did not disappear, with improved health. During her second pregnancy last year she did not enjoy the good health of

the first. The spinal symptoms instead of disappearing, became aggravated in the lumbar region, with much pain at times about the pelvis. Walking was difficult, and any movement in bed always awakened her; the bladder irritable when pain was worst. Frequently the pain persisted, even during absolute rest, at times wholly preventing sleep; a good night's rest was the exception, not the rule. It was sometime before the true cause of this pain was discovered. The vagina was found to be tender on examination, as were also the whole pelvic contents, but the tenderness was evidently not due to inflammation, because it was not localized, nor was there any induration or thickening of any part. Temperature was normal. Examination of the lumbar part of the spine proved this to be the seat of trouble; it was tender, and pressure on it caused pain in all parts complained of as painful, especially the vulva. Galvanism was resorted to for relief, the positive electrode being placed over the upper part of the lumbar region, and the negative over the sacrum, so as to include the tender portion of the spine in the current; but the result was disappointing, the pain being made so much worse that no sleep was obtained for a night or two. Blistering seemed to have no effect. A spinal rubber bag, filled with hot water and applied, had a soothing effect, but on the whole, treatment of this case in any of its phases, was anything but satisfactory, so far as the spinal symptoms were concerned; the lumbar pain persisted till after confinement.

In another woman, in seventh month of pregnancy, whom I saw last week, there was rather severe pain in the hypogastrium, which proved, on examination, to be due to irritable spine; a small blister gave complete relief. In the case of another patient at present under treatment, in whom, among other things, the fundus of a retroflexed uterus, is very tender, there is great tenderness of the spinous processes of the third and fourth lumbar vertebræ, with shooting pains into both hips, in which there is also much pain, resembling sciatica, on walking.

The etiology of these three last cases is to be explained, I believe, on the theory of Quain, that in many cases the spinal pain and tenderness are transferred or transmitted phenomena connected with morbid states of the mucous

membranes (*Dictionary of Medicine*, Article "Spinal Irritation.") In these cases the state of the uterus is abnormal in one, and unusual in the two pregnant cases; this has developed an exalted state of the nerve supply, and this in turn has led to the so-called irritant state of the lumbar part of the spine. Many cases could be related to support this view as to causation, and it is probably due to the fact that the gastric mucous membrane is so often in a morbid state, that symptoms of irritation of the dorsal portion of the spine are so frequently met with; and, doubtless, of the many cases of pregnancy in which pelvic pains are complained of, the majority are of spinal origin, secondary to the pregnant condition. Similarly many cases of tenderness in the cervical spinous processes with accompanying phenomena may be traced to the morbid states of the mucous membrane of the throat, and possibly of the nose also. Still there are many cases in which no such cause exists. I remember the case of a lady who consulted me last year, for severe pains in the throat, which was slightly congested, but otherwise normal. Pressure over the middle portion of the cervical region greatly increased the pain in the throat. A blister over the tender spinous processes soon relieved the symptoms. Many cases of neuralgia of the head, with tenderness of the scalp, derangement of vision, tinnitus aurium, yawning, etc., are due to so-called irritation of the first and second cervical vertebræ. It is not necessary to relate particulars of such cases, as I have already detained you too long. Affection of the lower portion of the cervical spine is comparatively rare in my experience, and has occurred usually in conjunction with symptoms in the dorsal region.

In the large number of cases that have come under my observation, none showed any signs of paralysis or contractures as described by some authors. I do not well see how such a state can be produced by the conditions present in spinal irritation.

To what morbid conditions are the phenomena of spinal irritation due is an interesting enquiry, to which the answer is neither definite nor satisfactory. No one dies from it, and all those having it and dying from some intercurrent disease, furnish no data, even to the closest

scrutiny. However, this is true of all forms of neuralgia, with which it is closely allied if not identical. As in the ordinary neuralgia, the subjects of spinal irritation are always more or less debilitated; in both, fatigue and all depressing influences predispose to attacks, and increase their severity; in both, there are tender points along the course of the affected nerves; vaso-motor changes as indicated by arterial tension, occur in both; and in both, a peripheral irritation may be the apparent exciting cause. Spinal irritation differs from ordinary neuralgia chiefly, with few exceptions, in its gradual onset, its persistence, and, as a rule, the affection of a wider area. In the times of the Griffins and of Teale, spinal irritation was thought to be always connected with the hysterical condition. Later experience proves such not to be the case. In many, even of the worst, with which I have met, no hysterical tendency existed, and a large proportion of them occurred in the male sex, in whom hysteria is rare.

Of diagnosis I need say nothing; no difficulty will be experienced if but attention be directed to the spine. Treatment has already been pretty fully indicated; in mild cases it is eminently satisfactory, the symptoms being relieved by applying a blister to the tender spinous process. In the severe cases it often proves as eminently unsatisfactory, or, at most, may give only partial relief. In all cases the cause should, of course, be sought for, and, I am convinced, it will be found, oftener than any of us imagine, in morbid states of mucous surfaces or of visceral organs. For the relief of the spinal symptoms counter-irritation is most prompt. If a blister is not advisable, others may be tried. I have found ice beneficial, applied morning and evening, either in a bag laid on for several minutes, or a smooth piece may be rubbed slowly backwards and forwards over the tender part. It causes considerable pain, and few patients will be found to persist with it till the symptoms are completely removed. Owing to debility, general treatment is called for in all cases. Of tonics, the phosphorus compounds are most highly commended; cod liver oil, arsenic and strychnine are also useful. The diet should be as liberal as the digestive organs are equal to. Most authors recommend a gen-



erous supply of alcoholic stimulants with meals ; such a course is, however, dangerous. In severe intractable cases, I have no doubt but that the Weir-Mitchell treatment, if properly carried out, would effect a cure. Ordinarily it is not desirable to confine the patient to bed, but rather to give plenty of out-door exercise.

In closing, I may say, that so far as I have tried it, antipyrin has failed to give any relief in any of these cases. This is disappointing, as neuralgia of the head is usually so promptly relieved by it.

### THE RELATION OF GOITRE TO INSANITY.

BY FRED. W. CANE, M.B.,

Assistant Physician Asylum for Insane, Toronto.

(Read before the Toronto Medical Society, April 12th, 1888.)

The large number of goitrous patients among the insane in Toronto Asylum has afforded me an excuse for selecting this subject for discussion this evening.

I do not intend going into the subject as fully as it deserves, as time will not permit, but rather to point out that there is an association of the two conditions, goitre and insanity, and to look somewhat into the pathology of goitre to see if any clue can be found to explain the relationship.

At the time of examination there were in Toronto Asylum some 702 patients, male and female. Of these 702 patients I found that 33 per cent. had distinct evidence of goitre, and that a considerable number of others were, I believe, goitrous, but did not offer sufficient evidence to lead me to a positive conclusion. There was a slightly larger percentage among the females than the males.

You will agree with me that this is an exceedingly large percentage of goitre to be found in one locality in this country, and that its existence is due to some uncommon cause. I may say that this affection is not confined to Toronto Asylum, but exists in other insane asylums to a greater or less extent. In Kingston Asylum, the Superintendent informs me, that about 50 per cent. of the patients are goitrous. In Hamilton Asylum, also, I know from personal knowledge

that it is quite prevalent, but to what extent I am not prepared at present to say. I have not statistics to show what percentage obtains in other institutions, and have not made enquires, as Dr. Clark, Superintendent of Kingston Asylum, is engaged in collecting returns from a very large number of institutions, and which he will, probably, make public when completed.

In the cases coming under my notice the affection existed entirely in chronic cases, that is, in patients who are incurable and, in the majority of them, more or less demented. I did not find in a single instance the goitrous condition existing in a curable patient, although Dr. Savage, of the Bethlem Asylum, states that he has had recovery in some cases that were goitrous.

In regard to the time patients had been in the asylum, there were none under two years and ranging from two years upward, but there were a few who had been in the asylum for shorter periods that were beginning to show signs of the disease, but had not developed sufficiently to say positively that they were goitrous, and consequently were not enumerated in my statistics. So far as I could ascertain none of these patients had goitre previous to admission, at any rate, I have never seen during my three years' practice among the insane any patient admitted with goitre unless the patient had been affected with insanity for some time, excepting in one case, where a woman had a very large goitre which, I think, was a mere coincidence, as it did not seem in any way related to her mental state. I have seen many cases develop goitre after admission that had no sign of it previously.

The size of the goitre varies much from cases that are doubtful up to some 12 to 16 inches in circumference, the larger generally taking some years to develop.

The character of the tumor varies in different patients. In some, perhaps the majority, it is soft and diffusible ; and in others of a hard, probably calcareous, condition. The latter are usually smaller tumors, and not of recent origin. The large and soft tumors were peculiar, inasmuch as they would often increase much in size in a few hours, and again decrease in as short a time. This alteration is generally noted to cor-

respond with a change in the mental state; the patients in some cases being more excited, while in others more melancholy and apathetic.

No alarming symptoms present themselves resulting from the enlargement, but in some cases difficulty of breathing from pressure upon the trachea, an irritative cough, hoarseness and croaking from pressure upon the pneumogastric and recurrent laryngeal nerves respectively. In one case under observation, there is much congestion of the cheeks, of the face, and at times a rise in temperature in this region, probably from pressure upon the sympathetic.

In many cases functional and organic affections of the heart were found. This would naturally result where there had been difficulty in breathing from any cause for a length of time; but in some of the functional affections, I was inclined to believe them of central origin. There was a good deal of difficulty experienced in examining the heart in certain patients, either from their being too noisy and talkative, or from resisting any attempt at auscultation.

Prominence of the eyes, such as exist in exophthalmic goitre, was only remarked in one or two patients. In some patients salivation exists to a great extent; but recently, since looking into this question, I have only had one case in which to examine the saliva. He had a large goitre and enlarged parotid glands, and collected a great amount of saliva in his mouth, which he would afterwards spit out in great mouthfuls. Upon chemical examination the secretion was found to contain a large amount of mucin, an element which the saliva normally does not possess, or at any rate in very small quantities. A noticeable point, too, was that when this excessive salivation took place, the parotids seemed larger than ordinary.

Another goitrous patient has a large tub-like abdomen, slightly protruding eyes, dry anæmic skin, slight difficulty in hearing, lethargic in movement and a demented expression, which symptoms he has developed in the last two or three years, and which resembles closely the myxomatous condition. The most common features in this class of patients is the mental defect becoming more pronounced gradually as the goitre advances, but not proportionately to the size of the tumor. The skin is generally

dry and anæmic, bowels constipated, tongue furred, and temperature slightly below normal. There is often a general lethargic condition of mind and body, the patient being slow in answering questions, and the response often monosyllabic. The movement is slow and awkward in some patients, from the weight of the body, which is increased, and the want of tone in the muscular system.

#### CAUSATION.

Regarding the causation, which is a most interesting feature, we may quickest approach an answer by means of eliminating the generally accepted causes of the disease:—

1st. *The locality.* This country does not contain what are generally termed the goitrous elements necessary to produce the disease, such as exist in mountainous regions, where there is little of the country settled, and perhaps a large amount of limestone and plenty of forest, and such other conditions, as exist in the Black Forest, Savoy, the Alps, and many other districts throughout the world. This cause is easily excluded.

2nd. *Water supply.* The institution receives its water from the City Water Works, and it is unnecessary for me to comment upon the qualities of city water, as you are as well acquainted with it as I; suffice it to say, as it does not cause goitre in people using it outside of the Asylum, there is no reason why it should in those inside.

3rd. *Hygienic conditions.* In this respect matters are very satisfactory. The wards in which the patients are confined are roomy and well ventilated. The food is plain, but of good quality. Cleanliness is apparent throughout. If the hygiene of the institution were at fault, then many other diseases, such as diarrhœa, headaches, erysipelas, etc., would be prevalent; but such is not the case, as the patients enjoy comparatively good health.

4th. *Epidemic causation.* Goitre is said to be epidemic, but I think only in localities where some of the above causes obtain. I do not know that any author holds that it is contagious, but is simply epidemic in goitrous regions.

5th. *Heredity.* With regard to this question



it is patent that the history of lunatics, in whom there is a large percentage of goitre, would be of no value as proof that goitre is hereditary as distinct from the insane diatheses. That is to say, that the insane and goitrous constitutions would be so blended as to be impossible to differentiate the two diatheses. As a matter of fact, so far as I could ascertain, I did not find any evidence of heredity in the cases under observation as distinct from insanity.

6th. The cause is, I think, an obscure one, related in some way and dependent upon a neurotic condition.

Before saying farther in regard to the etiology of this affection, I may be allowed to refer to the function and pathology of the thyroid gland, as seen from recent researches, and possibly some explanation may be suggested to account for the condition under discussion.

It is not a little surprising that, although arrest of function of the thyroid had been known for hundreds of years to be in some way connected with the cretinous condition, it is only within the past four or five years that anything of serious importance to the general health has been suspected.

The thyroid gland is described as a bilobed organ, surrounded by a fibrous capsule, from which trabeculae are derived penetrating the interior of the mass, forming a stroma with large alveolar spaces; running through the stroma is a rich network of blood vessels and lymphatics.

The excessively rich supply of blood furnished the thyroid is shown by the large vessels supplying it, their sectional area being greater than half that of the cerebral vessels, while the lymphatics are large, forming lacunar spaces outside the alveoli. Outside the blood vessels in the gland are large lymphatic nodules, which have an important share in the formation of the blood.

The histological structure of the thyroid is similar to that of a racemose gland, which course it follows in its formation, the acini intercommunicating being lined with epithelium, and containing mucin.

Baker, and many authors, hold the opinion that mucin is excreted from the blood-vessels surrounding the walls of the acini, by the lining epithelium, and that reabsorption takes place by the lymphatics.

The close relation which the gland bears to the carotid arteries in man, and in fact, in all vertebrate animals, gave Mr. Felix Simon the idea that it had some duty in regulating the supply of blood to the brain. Guyon held the same opinion, and deduced a rather ingenious, although not invulnerable, argument, that it was brought about by pressure of the thyroid upon the common carotids by means of a contraction of the muscles of the neck upon the gland. It is easily shown by experiment, that during a prolonged effort pulsation in the carotid branches is diminished, and this too at an important time when venous stasis is taking place already by reason of the prolonged effort; consequently the central nervous system is protected from an otherwise too excessive congestion.

A theory that the thyroid secreted something peculiarly nutritious to the brain also arose with Mr. Simon. Whatever ground there might be for this argument, it seems patent from the observations of Victor Horsley and Dr. Ord, that in extirpation or loss of function of the thyroid, mental defect nearly always follows, to a greater or less extent. That it is in some way connected with the hæmatopoutic function would seem probable, when we consider that in the female, during pregnancy, and in the hibernating animals during the period of hibernation, periods in which the body must necessarily be possessed of a large amount of nutritious matter, the thyroid gland is considerably enlarged.

One of the most interesting features in the pathology of the thyroid gland discovered recently, is the production of myxedema after the extirpation of the thyroid gland, or in cases where degeneration and loss of function of the gland took place.

In a series of experiments upon the monkey, Victor Horsley demonstrated that after extirpation of the whole of the gland substance, a peculiar affection of body and mind took place; but if only a portion of the gland was removed, the affection did not necessarily follow. Dr. Ord first gave the name of myxedema to the disease, and gives the following description of it:—

“The face is swollen in every feature, so as

almost to suspect renal disease. Negative results upon examination, however, dispel this idea, and the distribution of the swelling is different from that observed in common dropsy. The swollen skin is unusually waxy in appearance, and very dry and anæmic. The swelling affects dependent and nondependent parts equally, and does not pit upon pressure. The upper and lower lips and eyelids, and the alæ nasi are thickened and broadened; the ridges of expression are blurred and coarsened, or the lines obliterated. The swelling is resilient, and shows no tendency to shift by gravitation. The cheeks have a dull, pink tinge, limited abruptly toward the orbits, and standing out in strong contrast to the surrounding anæmic skin. The skin is everywhere thickened, dry, and rough to the touch; perspiration is absent.

"Late in the disease anasarca is added to the mucoid œdema.

"Two other phenomena are to be added in the examination of the external body, viz., a diminution, almost a disappearance, of the thyroid body; secondly, a correlated tumefaction, with marked resiliency of the skin in the lower triangles of the neck over the clavicle.

"An affection of the nervous system, as well as of the skin, belongs to myxedema. In the earlier stages, an ever-increasing habitude involves sensation, voluntary movement and intellect; in the latter, aberration of mind often supervenes. The face is fixed, heavy and dull, speech slow and labored, and voice monotonous. Sensation is slow, but sure. There is difficulty in maintaining a fixed position, as the muscles are toneless and excessively relaxed during rest, so that a considerable initial contraction is necessary before they bear upon the attachments. This tardiness of co-ordination is different from locomotor ataxia, and from the rythmical tremors of disseminated sclerosis; but there is no real loss of power in the muscles, and no loss of sensation.

"In the operations of the intellect, thought and volition are slow, and patients complain of being unable to perform the daily actions of life with their usual expedition. Yet all they do is well done, and they are acutely conscious of their shortcomings. In conversation the ideas come deliberately and are tardily expressed.

To write a letter occupies an hour, when it would only have taken a few minutes. Yet the language is correct and the handwriting unchanged. There is, in fact, an unwieldy state of mind and body. The special senses are sometimes affected, there often being an unpleasant smell or bitter taste persistently. The teeth and hair decay, conditions doubtless connected with changes in the skin and mucous membranes.

"The heat of the body is generally below normal. The urine is normal, but late in the disease shows signs of albumin. Lethargic temper is changed for moroseness and irritability. Delusions and hallucinations often follow, and there is speedy lapse into coma. Death comes either by coma or with the signs of uræmic poisoning, or by inanition."

P. M.—Victor Horsley found, in *post-mortem* upon his cases of myxedema in the monkey, that, "upon turning back the skin, it is found swollen, jelly-like, bright and shining, and excessively sticky.

"In opening the cavities of the body, the same condition appears in the loose tissues of mediastenum and omentum. The fat is atrophic, and often of a deep orange color, the oil droplet is seen by the microscope to be breaking up into smaller portions. The fibrous elements of the connective tissue are increased, and there is a mucoid transformation of the ground substance. The parotid and submaxillary glands are considerably enlarged from three to four times their normal size. From the cut surface a sticky fluid exudes, quite the reverse of the healthy secretion of saliva. Chemical analysis of these organs shows that the mucin is enormously increased."

Having thus referred to some features in the function and pathology of the thyroid gland, it remains to discuss what relation exists between goitre and insanity in the cases in question. In my own mind I am not satisfied as to the exact connection, but there would seem to be, in many cases, a relation to that which exists in the myxedematous or cretinous condition, for the following reasons:

1st. The causes which usually are held to produce the ordinary forms of goitre are shown to be absent.



2nd. The enlargement of the thyroid seems to have a relationship to the mental state, which relationship does not exist in the ordinary forms of goitre.

3rd. The myxodematous, or cretinous state, is the only disease at present known where there is a related existence of pathological lesions in the thyroid and brain in which mental defect is present.

4th. The symptoms of myxedema appear, more or less, in the goitrous insane. Witness the puffiness of the anæmic skin, enlarged parotids, mucin in the saliva, lethargic state of mind and body, etc. I do not mean to intimate that these symptoms are always present in all cases, but appear in many of the more typical. About a year ago I lost a patient who resembled a case of myxedema very closely. The patient was a dement with goitre similar to many of the patients I have alluded to, and he gradually developed all the symptoms of myxedema, and died in the comatose state. Unfortunately I was not allowed a *post-mortem* to verify my diagnosis; but, from what idea I have formed from reading the subject of myxedema, I am pretty well satisfied that I was correct, although I had never seen a case previously that had been diagnosed as myxedema. But in myxedema, loss of the function of the thyroid appears first, and the mental affection is believed to be the result of the pathological condition of the thyroid; while, in the insane, goitre does not appear until some time after the mental trouble, so that there is evidently a difference in the causation, whatever similarity there may be in the nature of the affections.

If we take for granted the theory that the thyroid is a regulator of the supply of blood to the brain, it might explain for the goitre from the fact that the thyroid would then become congested during periods of excitement and mental agitation, in which there is an increased supply of blood sent to the brain. All insane persons suffer from such mental excitement and agitation to more or less extent, probably, in the earlier stages of insanity, and a frequent or chronic congestion of the thyroid would doubtless cause enlargement or degeneration of its function. As the patient becomes more demented, there is a less amount of cerebration and

brain development going on, and there is consequently not the demand for the rich supply formerly received in these parts, and the thyroid, being in the receipt of the extra amount, is the more prone to become disorganized.

Whatever may be the true condition, it does not seem at present to be known; and I have brought the matter forward hoping that it might produce a good discussion, and possibly elucidate what are now obscure points in the etiological and pathological relation of goitre to insanity.

#### SEWER MANHOLES AS MEDIA FOR THE SPREAD OF DISEASE.

BY ALAN MACDOUGALL, M. CAN. SOC. C.E., F.R.S.E.

The occurrence of an outbreak of diphtheria during the winter months always causes an outcry against the sewers, and especially the ventilating manholes. These outbreaks during the past three winters have been most marked in certain centres—streets in which there are comparatively new sewers, block-paving, and houses of modern construction. The inmates always start on the basis that soil pipes, drains and plumbing fixtures are in perfect order, and that it is of necessity the sewers which are out of order; that they must be contributory causes to the sickness, especially through these dreadful manholes, from which the heated vapors are seen to rise so rapidly in cold days.

In the present practice in this city the manholes are from 250 to 300 feet apart. A manhole is always placed at the end of the sewer, which is technically called the "dead end." In those streets in which baths are much used there is seldom much deposit of foul matter which can be called *fæcal*. In flushing these sewers the obstruction has been found to be sand, which may have been washed in from side culverts or gulleys, and through the manholes on unpaved sandy streets, or from sand entering the sewer during construction.

In the Clover Hill district, for example, east and west lying sewers are much choked from sand; blown and drawn in through the culverts and manholes, in consequence of the streets

not being paved. In other streets, where the houses are of a poorer class, and particularly when privy pits are connected to the sewers, they do choke up from the accumulation of faecal matter; and so long as the citizens continue the nefarious practice of lifting culvert and manhole covers, and dumping excreta into culverts and manholes, trouble will arise.

It is now well established that sewer air does seek the highest point of the sewer, as well as the end of it, and it is this feature which always causes so much vapor to ascend from the end of the sewer, from which noxious odors are observable.

During the colder months of the year the temperature of the sewer being considerably above that of the outer air, the vapor rising from the sewer is rapidly condensed, causing the well-known phenomenon of the column of "steam." If these columns are carefully watched, it is noticed they do not rise high, the heated air is rapidly cooled, and thrown down; in the writer's opinion none of this rises to a sufficient elevation to enter a bedroom window. Sewer air is much more likely to enter the house by being blown down from the open end of the soil pipe. He is further strengthened in the belief that the sewers, and particularly the manholes, are not real media for the spread of disease from several cases which came under his notice last winter.

In a street in the north-west portion, where the houses are all new, handsome, costly residences, the sewer was completed in March, 1887. It is a fifteen-inch pipe. Diphtheria broke out about Christmas; the sewers, and particularly the manholes, were at once blamed.

The sewer was examined and flushed; it was perfectly clean.

A curious point in this case is, that at the time the complaint was made, the end of the sewer was open, as it was being extended. No better condition could exist for thorough ventilation.

There is another street in the eastern portion which has had an undeservedly bad name for a long time, in which there have unfortunately been several deaths from diphtheria, not very long ago. In this the manholes are few and far between—affording a new ground for complaint

from want of ventilation. This sewer has been examined lately for its entire length, and found to be quite clean, and in good order. Being a north-south street, there is ample fall upon it, and it is not large, being an oval sewer one foot, three inches, by two feet, six inches.

In one case, it was found the plumbing work inside the house was broken; in another, from what the writer has learned, there are good grounds to believe the infection was obtained by personal contact.

It is often a very difficult matter to locate a defect in the drains when they are well buried under the soil. The writer had a deal of trouble in one house, which passed the ordeal of severe tests with peppermint for some three months; finally, on opening the drain through its whole length, several bad joints were found near the front, about five feet deep. The earth here was saturated with peppermint.

Another troublesome case which withstood peppermint, was finally traced to a crack in the soil pipe; and in a third the cause of the trouble was discovered in an unused rain-water pipe which entered the drain near the sewer, beyond the trap, and had an open mouth two feet under the earth below the kitchen floor.

As a set off to this, the writer would like to mention a case of several young children who enjoyed good health in a house in which there was not a tight joint in the whole drain, from the joints of which the air rushed out in a strong stream.

It is not possible at present to give any authoritative statement as to the movement of air in sewers, with their exact temperatures, so that pressure on house drains might be calculated from it. The subject has received much attention from the writer, and he hopes, later on, again to revert to this important matter.

The only conclusion he can draw from his present experience is, (a) that man-holes are not media for the spread of disease, (b) that it is safer to have sewer-air blown out into the street than forced into the house, and (c) that, as long as the safeguards of good plumbing, proper trapping, and thorough ventilation of drains is effectively carried out, our houses ought to be perfectly safe from assaults by our common enemy, sewer gas.



## A REMINISCENCE OF PRACTICE.

BY N. AGNEW, M.D., WINNIPEG.

Some time ago, on relating to a clerical friend a reminiscence of practice that occurred to me, he suggested the propriety of putting it in print, as an indication of the (sometimes) unpleasant experience of medical men, and of the actual personal danger encountered by them in the discharge of their very onerous duties. The incident may interest, perhaps amuse, some of my professional brethren. To me the experience was anything but entertaining.

Some years ago, I received an urgent call to see Mr. —, now deceased, a stranger to me. I was directed to his house (he lived alone), and, on knocking at his door, was admitted by the gentleman *in propria persona*. I was ushered into a large room, a hybrid between an office and living room, comfortably furnished, and invited to take a chair. The gentleman, a large powerful man, immediately remarked: "I have sent for you to talk over my case with you; I hope you have plenty of time at your disposal." I assured him that I had a sufficiency; at the same time I became uncomfortably aware that my would-be patient was suffering from delirium tremens. I at once assumed the rôle of a very attentive listener. After having heard a *very full* history of the case, from his point of view, which was not the (mountain) dew-point, I proposed retiring, for the purpose of having a prescription dispensed, as I assured him he was in urgent need of relief. I was at once *ordered* to sit down again, as some features of the case had been omitted. Of course, I complied. By this time I was aware that I was in a very critical, if not dangerous, position, as my patient was becoming more excited and more incoherent. I urged the necessity of my going at once to a drug store, as I had no medicines with me; and again rose and stepped towards the door. The gentleman, with a scowling countenance, said peremptorily, "Sit down again; I have not done with you yet. You do not understand my case. I must make you understand it; for if you do not understand it, you can't prescribe." He then went to the door, locked it, and put the key in his pocket. He was rapidly becoming more excited, and I began to fear per-

sonal violence as the result of increasing frenzy. He sat down and commenced a rehearsal of his case, more disjointed and incoherent than at first, and mixed with the vagaries of a mind diseased, stopped suddenly, and said, "I must have a drink. What will you have—gin, or wine, or porter?" I excused myself. He was fastidious, and hesitated in deciding between gin and porter. "Gin or porter, porter or gin, which shall I take? Which would you advise me to take?" I said, "Neither at present; come and tell me the rest of your story." "I *must* have a drink first; which shall I take?" I replied, "If you must have a drink, take porter;" on the principle, of two evils choose the least. He went to a closet, opening out of the room, to get a bottle. Whilst he was in the closet, I glanced round the room to see if there were any lethal weapons at hand. It did not add to my comfort, or sense of security to see on a table behind me a forty-five calibre revolver, with a cartridge in each chamber. By a quick process of reasoning, I came to the conclusion that it was safer to let it lie than to try to gain possession of it, as any movement on my part would have attracted his attention.

I had only time to make these observations when the gentleman emerged from the closet with a quart bottle of porter, which he drank in the course of a few minutes. From his aspect, I now felt that I was in real danger, and that my life, in all probability, depended on my ability to appear unconcerned. I was sitting with my side to the table upon which the revolver lay—having purposely shifted my position sufficiently to bring the pistol within reach, should I be attacked—my elbow resting upon the table, and facing the gentleman, as I had hitherto done, looking right into his eyes. I saw his eyes rest upon the pistol, and at once felt that he intended to possess himself of it. I looked as if I was not aware of the presence of the pistol, or of his intention respecting it. I felt that any attempt on my part to gain possession of it would have precipitated a conflict which would only have terminated with the life of one of us.

Whilst these thoughts were passing through my mind with lightning-like rapidity, the gentle-

man rose, passed behind my chair, seized the revolver, and returned to his seat, laying the pistol down within reach of his hand. Although I do not suffer from a lack of personal courage, I confess to a feeling which, I suppose, can only be produced by the hair standing on end, during the time that the madman was in possession of the pistol, and out of my sight behind my chair. However, I did not move a muscle.

Your space would not admit of my detailing all the vagaries of the diseased imagination of the madman with whom I was locked up for more than three hours without the possibility of escape, or the various forms of frenzy which he exhibited (I may say that I have since learned that the gentleman had, on other occasions, previous to my experience with him, and subsequently, exhibited extreme violence, and had to be restrained by force). At last he called my attention to a number of paintings, engravings, and photographs. One photograph in particular he called my attention to, *a dear friend of his*. It was that of a very handsome woman, *in puris naturalibus*, and asked my opinion of it, at the same time developing an intense desire to see the original. This suggested to me the means of escape. I told him that he was too unwell to go into society; besides he would require to dress—he was in *déshabille*—I would send him a draught which would make him all right in a short time. With this new idea in his mind, he hurried me away. I need not say that “I did not stand upon the order of my going.”

WINNIPEG, April, 1888.

The twenty-third annual meeting of the Michigan State Medical Society will be held in Detroit, Thursday and Friday, June 14th and 15th. In order to facilitate work, the Society will be divided into three sections, Medicine, Surgery, and Gynecology. Dr. McGrand is President, and Dr. Duffield, Secretary.

An English judge is said to have laid it down from the bench in 1882—see *Times* report, October 4th, of that year—that “liars may be divided into three classes: Liars, great liars, scientific witnesses.”

## Selections.

*We are indebted to DR. McDONAGH for the translation from the German, and to DR. WISHART for the French.*

### THE TREATMENT OF WHOOPING-COUGH.

It is an old saying, that when a large number of cures are recommended for any particular disease, there is always the fear that none of them will have much effect, and to no disease does this apply so forcibly as to tussis convulsiva. Certainly a single genuine specific would be worth more than all the remedies presented, but, unfortunately, we have none such. With the greatest care every newly discovered remedy has been recorded in these pages, and now for years a whole series of them has been presented to us, but a review of the whole collection would not repay us for our trouble.

The majority of recorded cures may be divided into two main groups: 1st, the narcotics which, act chiefly by diminishing the reflex excitability of the cough centres of the respiratory tracts; and secondly, the antizymotic remedies, which correspond to the modern view of the connection of whooping-cough with a parasitic origin. The therapeutic value of these remedies must be proven, according to Prof. Heubner, from a three-fold consideration: 1st, whether the number of paroxysms *pro die* is diminished; 2nd, whether the intensity of the paroxysms is modified; and 3rd, whether the duration of the disease as a whole is shortened. From the multitude of remedies heretofore recommended, it would appear, from the statistics of Dr. Cassel, that belladonna and chloral hydrate, out of the first group, and quinine and benzoin resin of the second group, have been followed by certain favorable results. Latterly, since it has been demonstrated that whooping-cough may be of the nature of a reflex neurosis, insufflations of quinine and powdered benzoin into the nasal cavities, as the place of greatest reflex excitation, have been recommended. Dr. Michael and Dr. Bachem report that by this treatment, in a large number of (over 250) cases, the paroxysms became rarer and milder, and the disease process was at an end in four or five



weeks. These good results were confirmed by Dr. Guerder, who was equally successful with insufflations of boracic acid, and later, also, with benzoin resin. Dr. Sauerhering had already extolled the excellent effects of the internal administration of quinine, of which he gave daily three doses of from 0.04 (gr.  $\frac{2}{3}$ ) to 0.2 (gr. iij.) of the sulphate, and thereby brought about the termination in sixteen days.

It would appear, however, that these favorable and rapid results were obtained during a very mild epidemic, for subsequent trials of the same plan did not bring confirmation.

Dr. Moncorvo, of Rio de Janeiro, endeavored, by antiseptic local treatment, pencilling the glottis with a 1 per cent. solution of resorcin, to control the disease; and his successors, Dr. Barlow and Dr. Arntzenius, could affirm that the paroxysms became milder, and the disease terminated sooner. Dr. Suckling, on similar grounds, tried inhalations of carbolic acid, but on account of the danger of this medicine in treatment of children, this method had no supporters.

When cocain, with its valuable property of diminishing, or for a short time completely arresting reflex excitability, was introduced into therapeutics, it was only natural that its effect should be tried in whooping-cough. Dr. Krimke then employed it for internal administration, and prescribed the following formula:

R. Cocain mur. . . . . 0.8—1.2

Syr. cort. aurant . . . . .

Aq. destill. . . . . āā 50.0

℞ Sig. A teaspoonful every two hours, for children from six to twelve years of age.

Dr. Prior, and after him Dr. Carr, experimented with local applications of 10, 15, and 20 per cent. solutions of cocain, and only succeeded in arresting the frequent vomiting, and in perceptibly alleviating the paroxysms.

Now since antipyrin has come to be used as a substitute in many instances for quinine, its action in whooping-cough also has been tried on many sides, and if the reports of these experiments are not too highly colored, it would appear that a true specific against this scourge of children has at last been found.

After Demuth and Windelband had already reported good results from the antipyrin treat-

ment, Dr. Sonneberger brought forward his comprehensive observations during two epidemics. He gave, three times a day, 0.01 (gr.  $\frac{1}{6}$ , in very small children) to 0.5 (7  $\frac{1}{2}$  gr., in larger children), and 1.0 (15 gr.) grain to adults, and found that cases, even in severe epidemics, ran a mild course, and were cured in from three to five weeks. He had treated altogether seventy children in this way. His results were confirmed by Dr. Griffith, who also reported fifteen successful cases. He gave, every three hours, a dose amounting to 0.1 for every year of the child's age. The best results were achieved when the antipyrin treatment commenced at the onset of the disease. In these cases the disease ended in from three to five weeks, and were altogether of a mild character, not more than six or seven light paroxysms occurring in twenty-four hours. When one thinks that in severe cases twenty or thirty or more paroxysms are observed, and that the average duration of whooping-cough is from six to ten weeks, one must admit that the above results are certainly satisfactory. The paroxysms become less severe even after the first dose, and after a few days appear in only a small number of cases.

If the remedy be discontinued the symptoms grow worse, showing that the changes may really be ascribed to the antipyrin. Further, those dangerous complications which occur so frequently during whooping-cough are rarely observed. Also, antipyrin may be given continuously for weeks without injury, neither indigestion nor other unpleasant effects are produced. It might, also, be advisable to try insufflations of antipyrin into the nasal cavities, because insufflations of quinine and benzoin resin are undoubtedly followed by benefit, and it is certainly rational to control the disease process at the *locus morbi*. Undoubtedly, an exact knowledge of the cause of disease (*materies morbi*), and the pathological processes originated thereby, are wanting for the establishment of a certain basis of therapeutic treatment. The observations of Meyer-Huni and Rossbach are opposed to one another in many points; and it is only lately, through the laryngoscopic observations of Dr. v. Herff, that Meyer-Huni's views have received any real support. Dr. v. Herff found that during the whole course of the dis-

ease a superficial inflammation of the mucous membrane of the respiratory tract, from the choanæ down to the bifurcation of the bronchi, could be observed by the laryngoscope. This is only a light degree of catarrh during the first stage, becomes more marked and extended in the spasmodic stage, and again decreases during convalescence. In the same way, the number and severity of the paroxysms of cough increase and decrease. The intensity of this inflammation was greatest on the mucous membrane of the arytenoid cartilages and the cartilages of Santorini and Wrisberg, and particularly in the interarytenoid space, on the posterior wall of the larynx, and also on the under surface of the epiglottis; the infraglottic region and the trachea to the bifurcation were noticeably hyperæmic, the other parts of the larynx cavity above the cords scarcely changed, and the true vocal cords entirely unaffected. The hyperæmia of the interarytenoid region remained longest, and was still pronounced even when the other parts were completely normal. Irritation of this part with the sound produced immediately a severe paroxysm, whilst of the other parts of the larynx, irritation of the under surface of the epiglottis only would produce a less severe attack.

Further observations are necessary to determine the correctness of these points, and also to account for the variations in different epidemics; and exact microscopic examinations of the sputa must be undertaken to establish the reality of micro-organisms, and their nature and attributes. Were we once able to see all these points clearly we could not fail, on a sound therapeutic basis, to reach the goal which we are now approaching only by empiricism.—*Wiener Med. Blätter.*

**DUODENAL ULCER.**—In a recent monograph, Bucquoy says that the diagnosis depends upon: (1) intestinal hemorrhages, with tar-like fæces, occurring suddenly and abundantly, shortly after meals, causing extreme anæmia; (2) pain at the close of stomach digestion in the right hypochondrium, sometimes with reflex nervous phenomena; (3) vomiting, icterus exceptionally, and a remarkable preservation of the appetite. The duodenal ulcer occurs most frequently in men. The treatment is nearly the same as that

of gastric ulcer, but the exclusive milk diet need not be persisted with for so long a period.—*Med. Times.*

**THE TREATMENT OF DIPHTHERIA.**—In the *Deutsche Med. Wochenschrift*, Dr. V. Kaczorowski, of Posen, publishes an abstract of a paper on the subject of the treatment of diphtheria, in which he expresses views which we believe to be thoroughly sound. He attaches great importance to the effect upon the throat of mild purgatives given every day while the disease is active, and to the local influence of a mild disinfectant solution such as is described above. Chlorate of potash, he believes to be an unsafe remedy; and prefers the combination of tincture of iodine and chloride of sodium, because it is safe, easy to take, and does not interfere with the appetite. It can be used also for washing out the nasal passages when these are implicated. In grave adynamic cases, or when the membrane is putrid, he administers camphor and benzoic acid, and alcoholic stimulants, and pays especial attention to the nutrition of the patient, and to securing an abundance of fresh air, even in cold weather.

In regard to medication, Kaczorowski expresses a great horror of mercurials, and especially of corrosive sublimate. His objection to this class of remedies is purely theoretical, however, and we believe it would disappear if he used them scientifically. We think that the purely empiric administration of large doses of calomel at the outset of diphtheria is often of great service. This may be partly due to the fact that it usually produces free catharsis; but it certainly seems to do good even when no catharsis follows its use.

In the main, we think the views of Kaczorowski are correct, and would especially endorse his deprecation of violent applications to the throat. We believe that there is little occasion for making them, especially in the case of children, who are often needlessly tortured in this way. Much more can be accomplished with teaspoonful doses of lime water, swallowed slowly every hour, than those who rely upon sprays and gargles, and local applications of various salts of iron or of strong acids, or of



powerful disinfectants would believe. Keeping the bowels open, we believe to be one of the most important parts of a judicious treatment of diphtheria; and for this purpose we think no drug is better or so easy to administer as calomel in small and frequently repeated doses—for children, one-tenth of a grain, with a grain or two of sugar, given every hour until a stool is passed.—*Medical and Surgical Reporter*.

#### EARLY DIAGNOSIS OF PHTHISIS IN MAN.—

In a brochure, under this title, from the pen of Dr. René Serrana (Paris, 1888), the author says: "There always exist among those subjects destined to pulmonary phthisis, well determined pharyngo-laryngeal signs, which long precede the pulmonary signs. These are three in number: 1st. Pharyngeal anæmia, the pharynx being pale, discolored and white. 2nd. Faulty coaptation of the inferior vocal cords, due to atony of the constrictors. 3rd. Localised congestion of the arytaenoid and inter-arytaenoid mucous membranes, evidenced by swelling, and a cherry-red coloration. These may exist singly or connectively; the presence of one is strong presumptive evidence of future phthisis, and the prognosis is certain if all are met with. These three signs, having nothing in common with laryngeal phthisis are the forerunners of pulmonary tuberculosis, and their prompt recognition will enable the throat specialist to avoid mistakes, and to prescribe prophylactic treatment at the very commencement of the disease.—*Journal de Médecine*.

IDIOSYNCRASY TO ANTIPYRIN, H. COUPLAND TAYLOR, M.D.—A somewhat similar case to that lately recorded by Dr. Sturge recently came under my notice. I administered to a lady on two different occasions 8 grains of antipyrin for attacks of migraine, and on each occasion, very shortly after taking it, a tight feeling of constriction was felt across the chest, with a burning sensation in the pharynx. These symptoms were immediately followed by sneezing, by intense suffusion of the eyes, and by quantities of mucus flowing from the nose, giving her all the appearances of having a severe attack of coryza; there was also great irritation in the larynx, causing severe fits of coughing, but unattended

with expectoration. After a quarter of an hour uncomfortable symptoms gradually subsided. There was no urticaria. I followed it up on each occasion with an equivalent dose of antifebrin (3 grains) which (with one repetition in the course of an hour on the first occasion, but which was not required on the second), completely relieved the severe hemicrania, as it has done on subsequent trials without using antipyrin at all. It appears, therefore, that antifebrin may be used equally with antipyrin in migraine, as in febrile conditions, and may replace it with advantage where the latter disagrees.—*Brit. Med. Jour*.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE BLADDER.—M. Guyon made two very interesting communications on the surgical treatment of tuberculosis of the urinary receptacle. The first was that of a young man aged 20, who presented a very painful cystitis, which, by microscopical examination, was discovered to be tuberculosis, the urine containing abundant bacilli. M. Guyon opened the bladder through the abdominal wall, dilated the neck, and brushed all the parts carefully with iodoformed oil. After a drainage of seventeen days the patient got quite well, and has remained so ever since, that is, three years. The second was a man about 40, and having opened the bladder as in the first instance, he cauterised with the hot iron the whole of the organ, and although a certain amount of cystitis persisted, the man is much relieved, and no more bacilli are found in the urine. In conclusion, M. Guyon said that he considered the operation in question worthy of imitation under similar circumstances.—*Press and Circular*.

IN FAVOR OF A VEGETABLE DIET.—All the heavy work of the world is not done by men who eat meat. The Roman soldiers, who built such wonderful roads and carried a weight of armor and luggage that would crush the average farm hand, lived on coarse brown bread and sour wine. They were temperate in diet, and regular in exercise. The Spanish peasant works every day and dances half the night, yet eats only his black bread, onion and watermelon. The Smyrna porter eats only a little fruit and some

olives, yet he walks off with his load of a hundred pounds. The coolie, fed on rice, is more active, and can endure more than the negro fed on fat meat.—*Dietetic Gazette*.

A REVOLT OF VENEREAL PATIENTS IN AN ITALIAN HOSPITAL.—At the hospital of Santa Maria, at Naples, where a number of women suffering from specific diseases are under treatment, the authorities had forbidden the friends and paramours of the patients from calling upon them. This was followed by an open revolt for eight hours, during which the furniture of the hospital was demolished, windows and doors broken, and twenty-two of the Sisters of Charity in attendance were injured more or less severely. The patients attacked the police, and wounded several. Order was finally restored, and twenty-eight arrests were made. A reform in hospital management is evidently needed.—*Cincinnati Med. News*.

COLLAPSE AFTER ANTIPYRIN.—Dr. Blore relates the case of a woman who had suffered from a fever following abortion. Quinine was first given, and then antipyrin. Of the latter drug a dose of thirty grains was given, and three hours later fifteen grains more. After the second dose she went into a collapse, and died at the end of about thirty hours, in spite of every means employed to excite a reaction. The author believed the fatal collapse was not a result of the disease, but was caused by the rapid fall of temperature induced by the antipyrin.—*East. Medical Journal*.

### Therapeutical Notes.

CHLOASMA.—When patients are troubled with pigmentary deposits during pregnancy, Prof. Stewart gives a persistent treatment of Fowler's solution and aromatic sulphuric acid.—*Med. Times*.

#### FOR HERPES.—

R. Iodoformii ..... 4'0  
Ol. eucalypti ..... 15'0

℥. To be painted on two or three times a day.

#### APPLICATION IN BURNS.—

R. Iodoformii ..... 4'0  
Ext. conii ..... 2'0  
Acid carbol. .... 0'5  
Ung. rosat ..... 30'0

#### INJECTION IN BLENNORRHOEA URETHRAE.—

R Iodoformii .....  
Kaolini ..... āā 1'0  
Aq. destill. .... 100  
℥.

#### FOR CERTAIN FORMS OF SWELLING OF JOINTS AND SCROTUM, AND AS A SALVE FOR ULCERS.—

R. Iodoformii ..... 4'0  
Bals. peruv. .... 8'0  
Vaselin flav. .... 40  
Ol. menth. pip. .... gtt. viii  
℥ —*Centralblatt für Therapie*.

ESERINE IN CHOREA.—Riess, of Berlin, recommends highly the use of eserine in the treatment of chorea, the average duration of this disease under the drug being reduced to fifteen days, sometimes even to five or six days. He employs the sulphate in doses of gr.  $\frac{1}{16}$ , injected subcutaneously *bis die*, putting his patient in tonics at the same time. This method of treatment, however, he admits will fail in the graver forms and in habitual chorea of adults.—*Journal de Médecine*.

BROMIDROSIS.—Fœtid sweat is, in certain cases, due to the presence of microbes analogous to those of putrefaction, and can be readily found in the sweat of the interdigital spaces. Antiseptics here give the best result. Lotions of boric acid and thymol applied hot; powders of salicylate of bismuth and benzoic acid often succeed.

In the German army they apply with success:

R Acid salicylic ..... 3 grams.  
Amyli ..... 20 "  
Talci pulv. .... 87 "

Tannin may also be used. Legoux advises, after washing the feet morning and night for two days, in an infusion of walnut leaves, to apply twice daily with a brush:



R Sig ferri perchloridi . . . . . 30 grams.  
 Glycerine . . . . . 10 "  
 Essence of bergamot . . . . . 20 drops.

In diabetics, as is well known, inflammations frequently occur about the meatus and glans penis. According to Simon, spores and tubes of mycelium are found in the neoplastic tissues of these patients. He calls the condition balanopostho-mycosis. The diabetic urine constitutes a culture medium for the parasite. The conclusion, that antisepsis of the skin should be particularly rigorous in patients with diathesis, and especially in diabetics.—*Le Concours Medical*, Feb. 4, 1888.—*Journal of Cutaneous Diseases*.

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MAY, 1888.

### ROUTH VS. LESLIE.

In our February number we referred to the first trial of this case, which took place in Hamilton about the middle of January. The jury did not then agree, and the second trial commenced on the 26th of March.

The first witness summoned was Mrs. Routh, the widow of the patient who died under chloroform, and the plaintiff in this suit. Her statements were often of a contradictory character, and varied very much from those given at the previous trial. She stated that when Dr. Leslie came on the Wednesday afternoon, he inquired into the condition of the patient's health, examined the eyes, and put his ear to the chest. When the patient was placed on the table he again examined the heart. The chloroform was given by means of a folded handkerchief, and was never pressed down on

the face. At first the handkerchief was raised up and down from the face, and it was afterwards laid over the nose. The mouth was almost free, so that the patient could breathe easily. It required from twenty to twenty-five minutes to give the chloroform. Dr. Leslie gave seven or eight successive doses, and as the last dose was given the patient became black in the face. The plaintiff, who was standing by the side of the patient, said, "Give him no more; he is dying," or words to that effect. Dr. Leslie held the patient's wrists during the whole time of the administration, except when pouring more chloroform on the handkerchief.

Miss Routh, daughter of the plaintiff, stated that she saw the chloroform bottle on the shelf five minutes after the death of her father, and that not more than half an ounce had been used.

It was thus shown, according to the evidence of both mother and daughter, that the doctor gave half an ounce of chloroform in from twenty to twenty-five minutes, and that he kept his hand on the pulse during the whole time.

The expert evidence was given on the plaintiff's side by a man named Roach, who is registered in the Ontario Medical Register as having passed the Royal College of Surgeons, Eng., in 1885. He stated that, according to the evidence of the plaintiff and her daughter, the chloroform had been given in ridiculously small quantities, and that it could have no effect whatever. He placed great reliance on the use of the stethoscope, and would not take the opinion of the best auscultator living, unless the stethoscope had been used.

We have thus given in detail the principal points in the evidence for the plaintiff, so that our readers may understand how little ground there was for bringing the case into court.

Dr. Leslie was subjected to a long and severe cross-examination. He stated that he gave about three or four drachms of chloroform, and the time occupied in producing anæsthesia was about six or seven minutes. The unfavorable symptoms appeared just as the operator, Dr. Wallace, had partly transfixed one of the hæmorrhoids with a needle. Every effort was at once put forth to restore the patient, but without avail.

After Drs. Leslie and Wallace had given their evidence, several practising physicians were examined. They, without exception, were of opinion that Dr. Leslie had been exceedingly careful in the administration of the anæsthetic.

After three days' trial, the case was given to the jury. The following verdict was rendered, in the form of answers made to questions proposed by the Judge:

1. What was the cause of death; was it paralysis of the heart, or suffocation, or shock? Answer—We cannot say as to the cause of death.

2. If you find the cause of death, give your reasons, stating the symptoms or signs of death upon which you base your opinion. Answer—Can assign no cause for death.

3. Was Dr. Leslie guilty of any neglect of duty in the examination of Routh prior to administering chloroform? Answer—None whatever.

4. If so, state what was such neglect.

5. If you find neglect, state whether death was the result of such negligence.

6. Was Dr. Leslie guilty of any neglect of duty in administering chloroform? Answer—No neglect whatever.

7. If so, state what was such neglect.

8. If any neglect, was death caused by it? Answer—No.

9. Assuming that the plaintiff is entitled to recover, what sum as damages would it be just for Dr. Leslie to pay Mrs. Routh; what sum to Charlotte Routh, aged 17; what sum to Louisa Routh, aged 14; what sum to Maud Routh, aged 9 years?

The answer to question No. 3 leaves no necessity for the answering of Nos. 4 and 5; and question 7 needs no answer, after No. 6 has been answered in the negative. As the jury found that Dr. Leslie was in no way guilty of negligence or unskilfulness they did not take question No. 9, on the amount of damages, into consideration at all.

We understand that Dr. Leslie's expenses will amount to about one thousand dollars, and, as is usual in such cases, the plaintiff has no means, so that the burden of paying his own costs will fall entirely upon the defendant. We also understand that Dr. Leslie could have made a compromise for a comparatively small

sum, thus saving money, time and worry. He, however, felt that he could not conscientiously enter into any such agreement. The profession at large is indebted to him for thus bravely fighting the cause out to ultimate victory.

We are strongly of opinion that members of our profession should, by their contributions, assist Dr. Leslie in bearing the heavy expense connected with the two trials. Such a course will have a good effect in two ways—it will give courage to those who are unjustly accused, and it will demonstrate to the public that the profession will not allow one of its members to be persecuted without giving him brotherly aid.

On another page will be found a list of those who have so far contributed to the fund, and we hope that many more will follow their example.

#### ONTARIO MEDICAL ASSOCIATION.

Throughout the whole Province, the months of May and June show a great activity among the profession, preparing the material for the meeting of the Association—reports to be brought in, subjects to be selected for discussion, and papers to be prepared. The average attendance is almost up to two hundred, and only one other—the American Medical Association—can boast of a greater, and that draws its members from fifty millions. We like the feature of special subjects and special men, selected for particular branches of practice—it localizes the effort, and pays a deserved compliment to a man to be named to take part in any discussion. We hope that those who have been so honored this year, will prove by their work that the estimate at which they are held is not unequal to their ability to discharge any duty apportioned them, with benefit to the Association and honor to themselves.

It is to be regretted that the Medical Council Hall will not be in a sufficiently advanced state of completion to have the meeting held there, but the auditorium of the Education Department is amply large, and in a very convenient locality. The following gentlemen have been selected by the President to open discussions on various topics:

Dr. Daniel Clark—On some Functional Disease



of the Nervous System of frequency in general practice.

Dr. Temple—On the Use and Abuse of Pessaries.

Dr. Richardson—On some Medico-legal subject.

Dr. Sheard—On Bacteria in their Relations to Blood and Tissue Change.

Dr. Mullen—Opens the discussion on Medicine.

Drs. Grasset and McFarlane—On Surgery.

Dr. Powell, of Ottawa—On Obstetrics.

With these, in addition to the list of papers yet to come, we do not doubt that the coming meeting will surpass any of the former ones, excellent as they have all been.

#### THE COUNCIL EXAMINATIONS.

The number of Candidates who presented themselves for the recent examinations of the College of Physicians and Surgeons of Ontario, far exceeded that of any former year. There were altogether 264 for Primary and 167 for Final. The methods of conducting the examinations were excellent. The Council appears to be thoroughly in accord with the aims of modern teaching, and, as a consequence, made the examinations in all departments—both Primary and Final subjects—practical as well as theoretical.

The new Examination-hall, in Toronto, proved fully equal to the demands for space and convenience. There were as many as 212 candidates writing in the room at one time, and the censorship was so strict, that there was no suspicion of any attempts at *cribbing*. The amount of labor thrown upon the Registrar and Examiners was enormous. We have reason to know that they performed their onerous duties in a way that was alike creditable to themselves and the Council.

We believe it is generally conceded that the time has come when we should have more than one examination in the year. Some say there should be four; but we think it would be well to try two, for a time at least. This matter will, we understand, be considered by the Council at its next meeting, in June; and it is likely that arrangements will be made to hold

one examination in April and another in the fall. According to statute, the Spring Examination begins on the first Tuesday in April. This is too early, as it compels certain medical schools, which hold their examinations at an earlier date, to terminate their ordinary sessional work about the middle of March. The sessions of six months are short enough, and the Council should do nothing which is likely to curtail them.

#### CERTIFICATES OF ATTENDANCE AT MEDICAL COLLEGES.

It is a well-known fact that gross irregularities are not uncommon in the matter of attendance on lectures and practical courses in our Medical Schools. The lecturers are, to a large extent, responsible for these irregularities, on account of their careless methods of certifying tickets. The words, "Attendance certified," are too vague to fulfil either the spirit or the letter of the requirements of the Council or the Universities.

According to the curriculum of the Council, "the prescribed period of studies shall include four winter sessions of six months each," and yet students frequently absent themselves for half a session at a time. In fact, we understand that in certain cases, students, after commencing their studies, have left their colleges for the Christmas holidays, taught for a year in the Public or High Schools, returned at the following New Year, and counted the two half sessions as full ones. It has been quite a common practice to register students after the Christmas holidays.

Some of these irregularities were reported at the last meeting of the Council; and, as a consequence, a special committee was appointed to look over the certificates of attendance presented by candidates, and that committee was so impressed by the importance of the subject, that all such candidates were required to make affidavit in detail of the work they had done in attending lectures, etc.

All honor to the Council for its efforts to watch the work of our Medical Schools! We hope it will go farther, and make its regulations still more stringent, and insist on attendance for four full sessions, with all that is implied therein.

### SUBSCRIBERS TO THE LESLIE TRIAL FUND IN HAMILTON.

We, the undersigned Medical Practitioners, believing that the evidence brought forward in the recent trial, and the verdict of the jury, show that Dr. Leslie was subjected to an unjust prosecution, hereby subscribe the sums opposite to our names to assist in paying the expenses incurred.

Hamilton, April 5th, 1888.

Henry T. Ridley, \$20; Geo. L. Mackelcan, \$20; John A. Mullin, \$20; Wm. Geddes Stark, \$20; James White, \$20; Herbert S. Griffin, \$20; J. W. Rosebrugh, \$20; Thos. Miller, \$20; Wm. Philps, \$20; E. H. Gaviller, \$20; J. H. Wilson, \$20; G. E. Husband, \$20; E. H. Dillabough, \$20; A. Woolverton, \$10; G. M. Shaw, \$10; A. C. Reid, \$10; J. Lafferty, \$10; R. N. Wallace, \$10; G. S. Bingham, \$10; E. Verum, \$10; A. E. Mallock, \$10; Jas. Russell, \$10; T. W. Burgess, \$5; T. W. Reynolds, \$5; J. Ryall, \$5; L. W. Cockburn, \$5; D. G. Storms, \$5; T. W. McConnachee, \$5; E. P. Hillyer, \$5; T. W. Biggar, \$5; Jas. Anderson, \$5; Drs. Anderson and Bates, \$10.

At a meeting of Toronto Physicians, held in the Canadian Institute, April 19th, a Committee was appointed to receive subscriptions to the Leslie trial fund. The following gentlemen are members of the Committee: Drs. Nevitt, Bryce, Davison and Graham. Any of our readers wishing to contribute, can do so by sending their name, with money enclosed, to any one of the above-named gentlemen, or to Dr. James White, of Hamilton.

### MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF TORONTO.

We are pleased to learn that a Medical Alumni Association of the graduates of the University of Toronto is being formed. There has not been much done in the past to bring our medical graduates together, and we hope and believe the present effort will be crowned with success. The establishment of a medical faculty in the University has awakened an increased interest among its graduates, which is even more deep and widespread than we had anticipated.

As the old condition of a faculty on paper—and rather *thin* paper, too—was about as un-

satisfactory as it could be, the new order of things has produced a reaction, which is as remarkable as it is gratifying. The medical graduates now feel that they have a tangible something that they may justly take pride in, and are showing a determination to extend to the new faculty a loyal and cordial support.

The movement is principally in the hands of parties outside the teaching faculty, as we think it should be, and gets the promise of hearty assistance from various parts of the country. There is no feeling of antagonism towards any other faculties which now exist, or are likely hereafter to be established. On the other hand, the desire is to cordially co-operate with all others in advancing the interests and welfare of one great national university; and, with such desire, comes the hope that the medical faculty will be second to none in strength and influence.

### TREATMENT OF DIPSOMANIACS.

It is generally conceded that dipsomania should be treated as a disease rather than a crime. In all times the curse of drunkenness has existed, and it is strange that so little has been done to provide an efficient remedy. During recent years efforts have been made, both in the old world and the new, to establish some method more effective than moral suasion. Nothing very satisfactory has as yet been accomplished.

The able article of Dr. Daniel Clark, of the Toronto Asylum, published in our last issue, has attracted considerable attention, and we hope his opinions will carry sufficient weight with our legislators to induce them to take prompt action towards a reformation.

As Dr. Clark points out, personal restraint is a positive necessity in the treatment of dipsomaniacs. Will the State provide an asylum or hospital for inebriates of all classes—the poor as well as the rich—and pass certain Acts by which these unfortunates can be detained long enough to afford some prospect of cure? If not—why not? Dr. Clark points out that such institutions, when once established, would be almost self-supporting. This may be worthy of consideration by a Province such as ours, which has only a few millions of a surplus.



### THE AMBULANCE SERVICE OF TORONTO.

We are indebted to Dr. O'Reilly, Superintendent of the General Hospital, for a pamphlet which gives a very interesting history of the ambulance system in Toronto. For about five years there has been one ambulance, which has done good service in relieving the victims of accidents and disease from much suffering during transit to the hospital, or their own homes. This waggon is still in good condition, and is likely to be useful for several years to come.

Through the generosity of Mr. John Ross Robertson, of the *Telegram*, a new ambulance, thoroughly complete in its equipments, has been placed at the disposal of the city. The two ambulances will shortly be put in the patrol waggon stables on Court Street, in charge of the police department. Horses and drivers will be ready for emergencies at all hours of the day and night. A record of the work done will be kept. Every effort is being made to have an ambulance system as complete as possible; and, although it will not be as extensive as that of London, England, it will probably be equal, if not superior, to any system now existing on this continent.

### THE EWING INQUEST.

The latter end of last month the son of Mr. Ewing, having a cold, Mrs. E. sent to Dr. Fraleigh's drug store for extract of poppies. The doctor told the girl he had none, but could give something that would answer the same purpose. The girl went home, and came back, asking for five cent's worth of some preparation of opium. The Dr. F. took a drachm of liq. opii. sed. (Evans, Sons & Mason, Montreal), put it in a small bottle, and added, he says,  $\mathfrak{z}\mathfrak{v}\mathfrak{j}$ . of water. He gave it to her without a label or directions, as he considered it a safe mixture and only about the strength of paregoric. He also thought it was to be used in making up a cough mixture with other things. The mother says she took two drops, or at most three drops, of this, added them to some syrup of squills, about  $\mathfrak{z}\mathfrak{ss}$ .) and gave to the child—a well-

developed, large infant, of four weeks old. In about an hour the child was in such a peculiar state that she got frightened, and sent for a doctor. Dr. Galloway soon arrived, diagnosed opium poisoning, and, after working about half an hour, asked for assistance. Dr. Parry was brought, who agreed as to the diagnosis, and the treatment was kept up perseveringly. In spite of all, death took place about thirteen hours after the dose was taken. At the inquest, Drs. Oakley, Jehu Ogden, and McBride (as well as Dr. Fraleigh), expressed the opinion that death could not have resulted from the amount of opium given. The *post-mortem* examination appearances were compatible with the theory of opium poisoning, and revealed no other cause of death.

### THE NEW COUNCIL HALL.

The new hall of the Ontario Medical Council, of which we gave a detailed description in our last issue, is rapidly approaching completion. The examining room, to which we have referred in another column, is all that could be desired. The room, so generously placed at the disposal of the Medical Library Association, is well situated on the first floor—or the second floor above the basement—and its value may be best appreciated by the fact that it could be rented for \$400 a year. The room for the ordinary sessions of the Council is well adapted for the purpose, but at present looks rather bare. We hope soon to see it suitably equipped with a carpet, chairs, and an ample supply of spittoons. The room of THE CANADIAN PRACTITIONER is, as it should be, the best in the building.

### THE AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS.

We publish on another page the preliminary programme of this new and active Association. If one may judge from the list of papers, and from the many distinguished men who are members of the Society, the meeting in Washington next September will be an exceedingly interesting and profitable one.

We will publish during the summer programmes of the other special associations which

meet at the same time. The Congress promises to be one of the most important gatherings of medical men which has ever taken place on this continent.

#### NOTES.

Dr. B. W. Richardson has written a novel, entitled "The Story of a Star."

The Fourth International Congress of Otology will be held at Brussels, on the 10th to 16th of September.

Dr. Oliver Wendell Holmes has given his valuable and extensive collection of medical books to the Medical Library at Boston.

The accommodation of London Hospital has been increased by renting a house in the neighborhood where the medical superintendent will have his quarters.

The London Medical *Record* has changed its name to the London Medical *Recorder*, and is now published by W. H. Allen & Co., 13 Waterloo Place, London, S.W.

Dr. Franz Ritter von Skoda, brother of the late celebrated Dr. Joseph Skoda, whose work on "Perkussion und Auskultation" is renowned, died recently at Gries, in the Tyrol, at the age of 88. He was largely instrumental in securing for Vienna their present system of pure water supply.

We would call attention to the remarks made by Dr. Wm. Murrell (see back of cover), at a recent lecture delivered at Westminster Hospital, London, where he stated that, after testing various pepsins, he found Fairchild's to be the best, to which remark we can give a hearty endorsement.

UNIVERSITY OF TORONTO MEDICAL CONVOCA-TION.—The first Convocation of the Medical Faculty of the University will be held on Friday, May 18th, in the Convocation Hall. It is expected that there will be a meeting

of the Medical Alumni Association on the same day, and probably a dinner in the evening.

UNIVERSITY SENATE ELECTION.—As only three were nominated, Dr. Richardson, Colonel Gibson, and Professor Alfred Baker are practically elected; but as there appears to be no provision by statute for an election by acclamation, it was considered desirable to go through the form of an election. Voting papers were, therefore, sent out to all the graduates.

We learn that Mr. J. H. Bates, the eminent advertising agent of New York, moved, at the beginning of this month, into much more commodious quarters, in 38 Park Row, even than those which for some time he has occupied in 41 Park Row. Mr. Bates claims that his advertising business is the largest in the world. Of our own knowledge, of course, we cannot say how this is; but we are pleased to bear testimony, from personal experience, that Mr. Bates' dealings with his patrons are in every way thoroughly prompt and honorable.

DISINFECTION OF THE HANDS.—Henry Koplik, in the *Annals of Surgery*, describes the best method of disinfecting the hands, according to Kümmel: The following method was found to give brilliant results and the most perfect disinfection of the hands and subungual space. The nails having first been carefully trimmed and cleaned from visible filth, the hands are cleaned for a minute or a minute and a half with brush and soap, especially the subungual space. The hands are then washed in not less than 80% alcohol for a minute, and then before evaporation of the same they are brought into a 2-1,000 solution of sublimate or 3% carbolic acid solution, and washed for an additional minute. The advantages of the above, are first, the *certainty* of disinfection, the saving of time, the sparing of the hands and finally the cheapness. By the above method either none or only one or two colonies (germs) were found in a culture. It is useful to know that, in order to prevent decomposition of the bichloride in water, the author finds the following a stable solution, and equivalent after months to a solution of sublimate in



distilled water, strength one pro mille. To two litres of clean well-water add 10 c.cm. of an alcoholic solution of sublimate (1 in 5) and one gramme of acid aceticum Ph. G.

### RESULTS OF RECENT MEDICAL EXAMINATIONS.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

*Graduates*—T. C. Baker, Wolfe Island; W. R. Chamberlain, Morrisburg; J. C. Cornell, Dundas; W. H. Downing, Kingston; J. B. Fraser, Brockville; A. R. Gills, P.E.I.; E. H. Horsey, Ottawa; D. Jamieson, Kars; T. J. Jamieson, Kars; F. H. Royle, Brockville; C. P. Maybee, Odessa; C. N. Mallory, Escott; W. J. Maxwell, Brockville; S. H. McCammon, Kingston; E. McGrath, Campbellford; T. O'Neil, Belleville; W. F. Pratt, Ottawa; Wilton Pratt, Toledo; J. W. Robertson, Millhaven; R. P. Robinson, New Boyne; P. J. Scott, Southampton; D. McR. Smellie, Chesley; A. D. Walker, Belleville; A. W. Whitney, Iroquois; T. A. Waight, Westmeath.

*Honor Students*—4th Year Gold Medal, W. H. Downing; 4th Year Silver Medal, E. McGrath; 3rd Year House Surgeon Hospital, John Duff; 3rd Year House Surgeon Hospital, M. E. McGrath; Demonstrator of Anatomy and \$50 prize, O. L. Keborn; 2nd Year Demonstrator of Anatomy and \$50 prize, Augustine Gaudier.

#### TRINITY MEDICAL COLLEGE.

*Final ("Fellowship Degree.")—Certificates of Honors for Standing the Final Branches*—Candidates who obtained 75 per cent. and over: W. R. Wade, L. F. Cline, J. S. Wardlaw, G. H. Bowlby, J. H. C. F. Fisher, J. A. Neff, D. C. Meyers, D. M. Campbell, Jas. Crawford.

*First Class*—70 per cent. and over: C. N. Anderson, A. E. Ardagh, J. Baird, R. A. E. Burns, E. R. Bishop, Joseph Campbell, F. P. Cowan, A. T. Emmerson, F. F. Ferguson, J. A. Howitt, W. E. Harding, A. N. Hotson, C. H. Hamilton, D. E. Jones, C. James, W. H. Jeffs, F. H. Kalbfleisch, C. J. Karn, B. Lammiman, J. B. H. McClinton, A. W. McCordick, P. McNaughton, R. J. McDonald, J. H. O. Marling, W. H. Merritt, H. A. Minchin, J. P. Ogden, J.

F. Palling, J. W. Rowan, M. Steele, F. G. Thompson, R. U. Topp, R. E. Walker, R. J. Wade.

*Second Class*—60 per cent. and over: H. C. S. Elliot, T. A. Fitzgerald, A. Garratt, L. J. Hixson, H. J. Meiklejohn, M. G. Millman, J. P. Rogers, H. B. Thomson, J. McFaul, J. Henry.

*Special Prizes*—The special prize for the highest in physiology of the first year (Dr. Sheard), value \$25, James Sutherland. The "Dr. John Fulton Memorial Prize" for the highest standing in surgery, where the student has spent four complete winter sessions at the College (the Dean), value \$50, D. C. Meyers. Special prize given by "Trinity Medical College" for very high standing in the recent primary examinations at Trinity University (Dr. Robertson), value \$30, A. Ross.

*Scholarships*—The 1st first year's scholarship, \$50 (Mr. Kirkland), Jas. Sutherland. The 2nd first year's scholarship, \$30 (Mr. Kirkland), Robert Knechtel. The 3rd first year's scholarship \$20 (Dr. Sheard), C. C. Fairchild. The 1st second year's scholarship, \$50 (Dr. Robertson), J. S. Harris. The 2nd second year's scholarship, \$30 (Mr. Kirkland), J. W. S. McCullough.

*Medals*—The second Trinity medal (Rev. Mr. Milligan), Jas. S. Wardlaw. Nelles scholarship and the first Trinity silver medal (Dr. Temple), L. F. Cline. The Trinity gold medal (Rev. Mr. Baldwin), W. R. Wade.

#### TRINITY UNIVERSITY.

*Primary Examination for degree of M.D., C.M. Class I.*—J. S. Harris, A. Ross, J. W. S. McCullough, J. R. Macdonald, F. R. Clarke, R. J. Nidderly, A. J. Murchison, L. W. Allingham, F. W. Penhall, H. J. Cummings, W. Reid, R. W. Romey, C. B. Oliver, J. M. Sifton, R. Hill, *Certificates of Honor.* E. J. Boyes, H. W. Walsh, F. A. Drake, L. E. Rice, C. McCue, W. H. Alexander, A. H. Speers, H. T. Comall, T. B. Richardson.

*Class II.*—M. Ferguson, R. M. Hillary, T. McEdwards, R. H. Orton, W. T. Fletcher, E. H. Webster, A. M. Spence, O. E. McCarty, W. F. H. Newberry, G. Hargreaves, J. C. McGillivray, J. F. Dolan, G. M. Harrison, Miss M. L. Agar, Mrs. J. E. Lynd, W. T. Springer, J. A. Dinwoody, F. Preiss, E. R.

Morton, J. J. Gee, J. A. McGregor, L. E. Morgan, J. F. B. Rogers, W. A. Sargent, J. C. Bell, J. A. Ghent, Miss S. P. Boyle, C. W. Morey, J. F. Wren, W. Wight, J. W. Cunningham.

*Class III.*—R. F. Hay, A. C. Beatty, W. A. Jones, Miss M. Hulton, D. K. McQueen, F. J. Ewing, C. B. Coughlin, D. McLeod, M. C. Black, W. S. Ward, J. Honsberger, J. B. Guthrie, R. McGee, W. A. Thomson, P. Drummond, J. D. Berry, J. A. Mills, E. T. Boyes, H. E. Strathy.

*Completed the Examination.*—D. E. Jones, J. F. McCormack, J. H. Kalbfleisch, T. S. McGillivray, A. H. Garratt, D. D. O'Gorman.

*Final Examination for M.D., C.M.*—Nelles Scholarship of \$100 awarded to L. F. Cline.

*Class I.*—L. F. Cline, J. T. Wardlaw, P. McLaughlin, J. Baird, J. P. Ogden, H. Becker, J. A. Neff, A. F. Tufford, W. R. Wade, W. H. Harris, F. G. Thompson, R. E. Walker, D. M. Campbell, Jas. Campbell, A. N. Hotson, W. E. Harding, J. B. H. McClinton, Jas. Crawford, D. C. Meyers, G. H. Bowlby, J. H. C. F. Fisher, T. J. Jamieson, *Certificates of Honor.* C. H. Hamilton, A. T. Emmerson, C. J. W. Karn, A. W. McCordick, J. C. Connell, L. G. McKibbin, W. Jas. Campeau, M. Steele, F. P. Cowan, H. A. Munchin, R. A. E. Burns, C. James, A. J. Macaulay, E. S. Jackson, B. Lammiman, E. R. Bishop, F. F. Ferguson, Miss S. Carson, F. H. Kalbfleisch, J. F. Palling, J. A. Howitt, P. McNaughton, W. P. Chisholm.

*Class II.*—Miss M. Mackay, P. P. McCullough, C. N. Anderson, J. M. Eaton, W. J. Maxwell, H. J. Meiklejohn, W. H. Merritt, J. W. O. Marling, W. L. Bain, John Brown, J. W. Rowan, L. Auld, C. H. Francy, M. A. Millman, J. P. Royer, R. J. Wade, A. E. Ardagh, W. H. Cooke, W. H. Jeffs, R. U. Topp, H. B. Thomson, D. E. Jones, R. E. Towle, T. O'Neil, R. P. Robinson, R. J. Macdonald, F. J. Bateman, D. D. O'Gorman, Miss E. C. Stone.

*Class III.*—D. McK. Smellie, L. J. Hixson, E. C. Arthur, J. A. Fitzgerald, J. Henry McFaul, H. C. S. Elliott, J. B. Fraser, D. Jamieson, T. A. Wright, Wilton Pratt, A. H. Garrett, E. H. Horsey, T. C. Baker, J. H. Lowe.

*Completed the Examination.*—G. B. Carbut, J. D. Deacon, E. H. Greene, D. A. Kidd.

#### M'GILL UNIVERSITY.

The following gentlemen, 50 in number, have passed their Primary Examination, which comprised the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Physiology, Histology, and Botany:—G. A. B. Addy, St. John, N.B.; W. W. Aylen, Aylmer, Q.; C. P. Bissett, River Bourgeois, N.S.; E. J. Bowes, Ottawa, O.; E. J. Broderick, Fredericton, N.B.; C. H. Burritt, B.A., Mitchell, O.; J. W. Clarke, Tatamagouche, N.S.; P. J. Clune, Warkworth, O.; A. H. Coleman, Belleville, O.; F. G. Corbin, Bedford, N.S.; I. B. Curtis, Hartland, N.B.; D. J. Evans, Montreal, Q.; T. H. Ellis, Pembroke, O.; A. C. Esson, Halifax, N.S.; F. G. Esson, Halifax, N.S.; A. W. Haldimand, Montreal, Q.; H. D. Hamilton, Montreal, Q.; J. Hayes, B.A., Nelson, N.B.; W. E. Inksetter, Copetown, O.; W. T. Irwin, Pembroke, O.; C. P. Jento, Brockville, O.; N. Kerr, Holyrood, O.; M. W. Lang, St. Mary's, O.; G. L. Liddell, Cornwall, O.; D. Low, Glen Buel, O.; C. G. Main, Canterbury, N.B.; M. W. Murray, Beechwood, O.; O. Morris, Pembroke, O.; H. McEwen, Carlton, O.; M. S. McDonald, Scotchtown, O.; G. L. McKee, Coaticook, Q.; G. W. McKinnon, Sunnyside, P.E.I.; R. E. McKechnie, Winnipeg, Man.; A. C. McLellan, Indian River, P.E.I.; H. D. McManus, Fredericton, N.B.; A. G. Morphy, B.A., London, O.; C. T. Noble, Sutton, O.; W. Robertson, Chesterfield, O.; T. J. Reid, Winnipeg, Man.; J. Ross, Halifax, N.S.; H. R. Ross, Quebec, Q.; W. D. Smith, Plantaganet, Q.; W. J. Telfer, Burgoyne, O.; F. E. Thompson, Quebec, Q.; D. D. White, Montreal, Q.; W. A. Wilson, Derby, N.B.; C. L. Wheeler, B.A., Montreal, Q.; F. S. Yorston, Truro, N.B.

The following gentlemen, 54 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. In addition to the Primary subjects mentioned, they have passed a satisfactory examination, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Pharmacology and Therapeutics, Medical Jurisprudence, Pathology and Hygiene,—and



also Clinical Examinations in Medicine and Surgery conducted at the bedside in the hospital:—D. C. Baer, Summerfield, Ill.; J. H. Bell, B.A., Montreal, Q.; R. P. Berry, Lindsay, O.; W. J. Bradley, B.A., Ottawa, O.; J. J. Cameron, Lancaster, O.; E. H. Carter, Picton, O.; A. L. Castleman, East Williamsburg, O.; W. W. Chalmers, B.A., Huntingdon, Q.; J. R. Clouston, Maple Hill, Q.; C. P. Conroy, Martintown, O.; F. J. Desmond, Newcastle, N.B.; C. P. Dewar, Ottawa, O.; W. D. T. Ferguson, Cumberland, O.; H. D. Fritz, B.A., St. John, N.B.; W. W. Goodwin, Baie Verte, N. B.; N. D. Gunne, Seaforth, O.; C. W. Haentschel, Pembroke, O.; J. Hewitt, Quebec, Q.; C. W. Strathroy, O.; A. W. Haldimand, Montreal, Q.; H. J. Hopkins, Cookshire, Q.; O. H. Hubbard, Gilsam, N.H.; J. H. Kennedy, Lindsay, O.; F. L. Kenney, B.A., St. John, N.B.; R. M. Kincaid, Clarenceville, Q.; E. A. Kirkpatrick, Kentville, N.S.; W. M. Lang, St. Mary's, O.; F. T. Metcalf, Buffalo, N.Y.; R. D. Moffatt, West Winchester, O.; C. Morrow, Russell, O.; A. E. J. McDonell, B.A., Morrisburg, O.; D. S. McDougall, Russell, O.; J. G. McCarthy, Sorel, Q.; M. A. McFarlane, Arnprior, O.; G. W. McKinnon, Sunnyside, P.E.I.; D. McLennan, Dunvegan, O.; D. R. McMartin, Martintown, O.; A. E. Orr, Cookshire, Q.; J. E. Orr, Mount Elgin, O.; P. C. Park, Durham, O.; H. V. Pearman, Halifax, N.S.; J. McPotts, Belleville, O.; E. L. Quirk, Aylmer, Q.; A. G. Robertson, Iroquois, O.; A. D. Stewart, Arundel, Q.; W. G. Stewart, B.A., Arundel, Q.; J. A. Springle, Montreal, Q.; J. H. Thompson, Gananoque, Q.; A. A. Weagant, Hosaic, O.; R. A. Westley, Lancaster, O.; F. H. Wetmore, Bloomfield, N.B.; T. A. Woodruff, St. Catherine, O.; C. F. Wyld, Halifax, N.S.; H. E. Young, B.A., Napanee, O.

*Medals, Prizes and Honors*—The Holmes Gold Medal, for the best examination in all the branches comprised in the Medical Curriculum, is awarded to Neil D. Gunne, of Seaforth, Ont. The prize for the best examination in the final branches is awarded to William Grant Stewart, of Arundel, Quebec. The prize for the best examination in the primary branches is awarded to Robt. Edward McKechnie, of Winnipeg, Man. The Sutherland Gold Medal is awarded to Chas.

Peter Bisset, of River Bourgeois, N.S. The following gentlemen, arranged in order of merit, deserve honorable mention:—In the primary branches, C. P. Bissett, E. J. Bowes, E. G. Broderick, G. L. McKee, M. W. Murray, W. E. Inksetter, A. H. Coleman, T. H. Ellis, C. T. Noble, W. A. Wilson; in the final branches, J. E. Orr, R. M. Kincaid, J. R. Springle, A. E. Orr, H. D. Fritz, H. V. Pearman, J. H. Thompson, H. E. Young, A. D. Stewart, D. McLennan, P. C. Park, O. H. Hubbard.

*Professor's Prizes*—Botany—W. A. Farwell, Lennoxville, Que. Anatomy (Demonstrator's Prizes)—2nd year, P. E. McKechnie; 1st year, E. A. Grafton. Obstetrics—W. G. Stewart. Pathology—N. D. Gunne.

#### UNIVERSITY OF MANITOBA.

*Faculty of Medicine: M.D.*—A. D. Carscallen, J. E. Gemmel, C. J. Large, V. E. Latimer, J. P. McIntyre, A. Sibbitt. *C.M.*—J. E. Gemmel, V. E. Latimer, C. J. Large. *M.D. (ad eundem gradum.)*—R. J. Blanchard, M.B., C.M. (Edin.); J. W. Good, M.B. (Tor.); H. A. Higginson, M.D., C.M. (McGill); and Drs. Patterson, O'Reilly, Higginson and McArthur took the degree of C.M. (*ad eundem gradum.*)

*Scholarships, etc.—Final Year:* 1. University Scholarship (\$100) and Lafferty Gold Medal, C. J. Large; 2. University Scholarship (\$60) and Boyle Scholarship, J. E. Gemmel. *Primary Year:* 1. University Scholarship (\$100), J. O. Todd; 2. University Scholarship (\$60), T. J. Lamont.

#### PHYSICIANS IN THE DOMINION PARLIAMENT.

At the head of the doctors who have left tampering with the clay tabernacles of frail humanity to aid in the making of laws, stands Sir Charles Tupper, G.C.M.G., C.B., D.C.L., P.C., etc. Sir Charles took the degree of M.D. at Edinburgh, and obtained the diploma of the Royal College of Physicians and Surgeons in the same city, in 1843, and practised for several years. In 1857 he became Provincial Secretary of Nova Scotia, and member of the Executive Council. Ever since then he has been a prominent figure in the forefront of the Conservative forces.

Near Sir Charles Tupper sit two Conservative doctors, side by side—Cameron, of Inverness, N.S., and Sproule, of the East Riding of Grey. The former has ample, blonde whiskers; while the latter is tall and dark. They maintain a discreet and professional reserve about any opinions expressed, never taking the House into their confidence.

In the second row of Conservatives sit Doctors Hickey and Bergin—the former, member for Dundas; the latter, for Cornwall and Stormont. Dr. Hickey is descended from a U.E. Loyalist. He likes to describe himself as “a Conservative, and a thorough Canadian in fact and in policy.” Dr. Sproule was born in the county of York, Ontario, in 1843, and has sat in parliament since the Conservative restoration in 1878.

In the third Conservative row sit together two more doctors. They are Grandbois, of Temiscouata, and Ferguson, of Welland.

There is only one doctor in the fourth row of Government supporters—Ferguson, of Leeds. He has had a seat in the House since 1874.

Dr. Montague, of Haldimand, is the sole representative of the healing art in the fifth row. Behind him sits Charles Jeremie Coulombe, M.D., member for Maskinonge, who is a practising physician, and was first returned to parliament at the last general elections.

Down near the Serjeant-at-arms, in the front Opposition row, is the desk of Dr. Landerkin, one of the best-known members in the House. He is a stoutly-built, robust man, with clear, hard eyes, in which there is much humor. He has a close-trimmed, reddish beard; and always wears, in the House, a black silk cap, with a peak like a conductor's. Dr. Landerkin has been a member since 1872. In his own proper profession he is a man of no small eminence.

In the third Opposition row are congregated Doctors Guay, Rinfret, and Platt. Pierre Guay, M.D., member for Levis, and Come Isaie Rinfret, M.D., member for Lotbiniere, are both stalwart French Liberals. Dr. Platt was introduced to the House immediately before Dr. Roome, the Liberal member for Prince Edward.

Dr. Wilson, from East Elgin was once Pro-

fessor of Anatomy in Victoria College, and sat in the Ontario House from 1871 to 1879. Dr. Borden, from King's, N.S., took his degree at the Harvard Medical School, and was first elected to parliament in 1874. Another doctor, from the centre of the Opposition, is Jean Baptiste Romuald Fiset, member for Rimouski. He is very seldom heard in the House, but is well known and liked. Until a few years ago he was Liberal whip.

In the fourth seat back from Mr. Blake's vacant seat, sits Peter McIntyre, M.D., member for King's, P.E.I. Two seats to his left, sits Dr. McDonald, from East Huron.

In the rear of the Opposition sits Dr. Brien, from Essex Centre; and on either side of him Dr. Godbout, from Beauce, and Dr. Robertson, from King's, P.E.I. These doctors are quiet members, workers in committee, and diligent in pushing through legislation advantageous to their constituencies.

With the exception of Dr. Landerkin and Sir Charles Tupper—who can hardly be said to be a medical man at all—the doctors in the House do not put themselves forward, and are not so prominent as might be expected in the discussions.—*Abstracted from Ottawa Correspondent of Telegram.*

#### PRELIMINARY PROGRAMME OF THE AMERICAN ASSOCIATION OF GENI- TO-URINARY SURGEONS.

AT THE MEETING TO BE HELD IN WASHINGTON,  
SEPT. 18TH, 19TH, AND 20TH, 1888.

1. Clinical Observations on Diseases of the Testicle. By Dr. L. B. Bangs, of New York City, N.Y.

2. Clinical Observations on Chronic Gonorrhoea; and

3. Two cases of Cancer of the Seminal Vesicles, with pathological specimens. By Dr. J. P. Bryson, of St. Louis, Mo.

4. Operative Treatment of Hypertrophy of the Prostate; and

5. Case of Bowel ending in the Urethra of a Child four weeks old. Relief by operation. By Dr. A. T. Cabot, of Boston, Mass.

6. On the Effects of Rapid Changes of Altitude in an Advanced Case of Interstitial Nephritis. By Dr. George Chismore, of San Francisco, Cal.



7. Connection between Masturbation and Stricture. By Dr. S. W. Gross, of Philadelphia, Pa.

8. Operations on the Kidney. By Dr. W. H. Hingston, of Montreal, Canada.

9. Syphiloma of the Vulva. By Dr. J. N. Hyde, of Chicago, Ill.

10. The Curability of Urethral Stricture by Electricity—an Investigation; and

11. The Comparative Value of Supra Pubic and Perineal Drainage in Curable and Incurable Bladder Disease. By Dr. E. L. Keyes, of New York City, N. Y.

12. The Filaria Sanguinis Hominis in the United States, especially in its Relationship to Chylocele of the Tunica Vaginalis Testis. By Dr. W. M. Mastin, of Mobile, Ala.

13. A Case of Perineal Section for Traumatic Retention—Unusual Condition of the Bladder. By Dr. J. E. Michael, of Baltimore, Md.

14. The Prophylaxis of Syphilis. By Dr. F. A. Morrow, of New York City, N. Y.

15. Unusual Case of Urethral Calculus. By Dr. H. G. Mudd, of St. Louis, Mo.

16. On the Radical Cure of Stricture by Dilating Urethrotomy; and

17. Demonstration of a Perfected Evacuator, and an Improvement in the Method of Removal of Debris from the Bladder. By Dr. F. N. Otis, of New York City, N. Y.

18. Pyæmia as a Direct Sequel of Gonorrhœa. By Dr. R. Park, of Buffalo, N. Y.

19. Retrojections in Gonorrhœa. By Dr. E. R. Palmer, of Louisville, Ky.

20. Prostatotomy for Enlarged Prostate at the age of forty-two. By Dr. Abner Post, of Boston, Mass.

21. A Case of Removal of both Testicles for Recurrent Carcinoma; and

22. A Case of Nephrolithiasis complicated with Hydronephrosis, in which Lumbar Nephrotomy was performed. By Dr. F. W. Rockwell, of Brooklyn, N. Y.

23. Some Points on the Differential Diagnosis of Bladder and Kidney affections, with Demonstrations of the Cystoscope and other instruments; and

24. On the Physiology of the Bladder. By Dr. Alexander W. Stein, of New York City, N. Y.

25. Local Treatment of Chronic Urethral Discharges. By Dr. F. R. Sturgis, of New York City, N. Y.

26. Some Points on the Etiology of Stricture of the Urethra. By Dr. R. W. Taylor, of New York City, N. Y.

27. Operative Treatment of Hypertrophy of the Prostate; and

28. Spontaneous Fracture of Stone in the Bladder. By Dr. F. S. Watson, of Boston, Mass.

29. The Relation of the Prostate to Chronic Urethral discharges; and

30. The Value of the Tolerance of the Iodides as a Diagnostic of Syphilis; and

31. Urethral Stricture and Enlarged Prostate in their relation to Vesical Calculus Pyelitis, with cases. By Dr. J. William White, of Philadelphia, Pa.

BY INVITED GUESTS.

32. The Prognosis of Stricture, based on thirty years' death record of Stricture at the London Hospital, and the practice at St. Peter's Hospital. By Dr. E. Harry Fenwick, of London, England.

33. The Congenital Anomalies of the External Urethral Orifice. By Dr. C. Kaufmann, of Zurich, Switzerland.

R. W. TAYLOR, *Secretary*.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, Feb. 22nd.

The President, Dr. Nevitt, in the chair.

#### CASES IN PRACTICE.

##### ECZEMA.

Dr. Machell presented for examination a boy, aged nine years, afflicted with a scaly eruption behind the knees. He had lived in Canada four years, and during the cold season of each year a similar eruption had appeared—in the first instance in front of the elbow, then across the small of the back, and last winter on the inner surface of the thighs. This eruption had disappeared in each case with the beginning of the warm weather. None of the rest of the family were affected. The diseased parts were itchy at first, and discharged a watery fluid. On examination, a single patch lay behind each knee, the larger being four inches across, the other hardly half the size. Around these the skin was slightly thickened, but there was no congestion. The eruption itself was pustular—especially at the margins—scabby, and bleeding in points. The opinion

was expressed by several members that this was a case of eczema.

Dr. Ferguson presented before the Society a case of

#### SYCOSIS PARASITICUS

of two weeks' standing. Microscopic examination had revealed the parasite. The treatment for the present was external mercurial applications.

Dr. McPhedran was treating a

#### NON-PARASITIC TINEA

of the upper lip with an ointment of salicylic acid, and lanolin, gr. 15, to 3i.

Dr. Machell was wont in tinea of the scalp to scrub the parts well with soap and water, shave off the hair, and then rub in raw turpentine with a piece of flannel till considerable smarting resulted. This effectually destroyed the bacillus, and a simple ointment completed the cure in a few days.

#### LOCOMOTOR ATAXIA.

Dr. McCallum presented some microscopical sections of the spinal cord, taken from a case of locomotor ataxia, under the care of Dr. McPhedran for five years in the House of Providence. The sections were prepared after Weigert's method, the connective tissue being tinted yellow and the nerve tissue blue.

Dr. McCallum also showed an embolus of the left middle cerebral artery from a child five years of age. The history was imperfect. There had been apparently tubercular meningitis, with sudden hemiplegia.

He also showed a phlebolith, taken from the broad ligament.

#### STATED MEETING, March 1st.

#### CASES IN PRACTICE.

Dr. Cuthbertson presented for examination a case of

#### TUBERCULAR DISEASE OF THE TESTICLE

with the following history. C. R., aged twenty-three, with strong tubercular family history. For last two years has had occasional darting pains in the groin, but no testicular pain until three months ago when, after a strain, he was laid up for a week; the right testicle becoming swollen and very painful. The swelling be-

came smaller, and very hard; pointed, and broke in the inferior portion of the scrotum. The swelling is of an irregular, hard, indolent, and lumpy nature, moderate in size, invading the interior and posterior portions of the inferior gland, and painless, except when pressed hard. A probe passes into the sinus an inch upwards, and an inch downwards and inwards. The cord and left testicle are healthy. Iodoform was dusted into the cavity, and a fungous growth, which appeared once at the mouth of the sinus, was scraped away. There were no pulmonary signs.

Dr. Oldright believed that the epididymis was involved. The proper treatment was undoubtedly to remove the gland.

Dr. Atherton favored removal of the gland. If seen earlier, thorough scraping of the diseased tissues and iodoform applications might have sufficed.

#### INTUBATION IN DIPHTHERIA.

Dr. Duncan gave brief notes upon two severe cases of laryngeal diphtheria. Urgent dyspnoea called for relief on the second and third days respectively. Intubation was performed by Dr. Palmer. In the first case, the irritation which followed the insertion of the tube was very marked, but the child made a steady and complete recovery. In the other, no irritation resulted, and the relief obtained was gratifying, but the child died on the third day after from collapse.

#### STATED MEETING, March 8th.

#### CASES IN PRACTICE.

#### ABSCESS OF PENIS.

Dr. Machell reported a case of gonorrhoea in which, a few days subsequent to the use of an injection, a swelling appeared on the under surface of the penis, in the median line, midway between the glans and the scrotum. This became hard and brawny, and, fluctuation being detected, an incision was made, which let out  $3\frac{1}{2}$  of sweet pus. No connection was discovered between the abscess cavity and the urethra.

Dr. Atherton had met with a case some years since, in which an abscess formed in front of the prostate, and burst outwardly, discharging both blood and urine. No strong injections had been employed.



Dr. Ferguson was of the opinion that as the mucous membrane of the urethra was non-absorbent, there probably had been in each case a previous abrasion of the mucous surface.

#### OBSCURER VESICAL TUMOR.

Dr. Nevitt remarked upon several cases of an obscure nature recently under his care. In all there were symptoms of bladder trouble. While making examination with the sound in the bladder, and one finger in the rectum, he discovered a fluctuating tumor just above the vesical neck. In each case he had punctured the tumor with the sound, and pus was immediately passed per urethra. Antiseptic injections completed the cure in a few days.

#### HARD CHANCER OF THE SCALP.

Dr. Ferguson reported the case of a medical gentleman who consulted him lately about a suspicious sore upon his head. The appearance was chancrous—the neighboring glands were enlarged, and the patient was cachectic. There was no history of infection, but the scalp might have been accidentally touched with the fingers after examining a syphilitic patient recently under treatment. In due time the rash and sore throat, etc., developed, confirming the diagnosis.

Dr. Nevitt remarked that Hutchison attached little importance to enlargement of the glands as a point in diagnosis.

Dr. Greig reported a

#### PECULIAR ERYTHEMATOUS ERUPTION,

appearing on the outer and anterior surface of one thigh about the fourth month of pregnancy. The patch was eight inches broad, extending to the knee, clearly outlined, but not raised, tender and numb. The surface was smooth, without miliary points. The lesion continued after delivery.

Dr. McCullough reported a case of

#### POLYURIA,

occurring during the later months of pregnancy. The amount of urine passed daily averaged ten pints, with a spec. grav. of 1004, and contained neither sugar nor albumen. This continued from the sixth month till after delivery, during which period the patient lost flesh greatly, the gums receded from the teeth, and the tongue

became glazed. These symptoms were accompanied by great thirst. Some weeks after confinement improvement began, and continues steadily. The patient is not hysterical, nor has she suffered from polyuria previously.

#### STATED MEETING, March 15th.

Dr. Doolittle presented for examination a case of

#### SYCOSIS NON-PARASITICA

of five years' standing. The condition seemed aggravated by the patient's face being exposed daily to great heat, his occupation being that of boiler maker.

Dr. Graham looked upon the eruption, in its present condition, as eczematous. Daily bathing with exceedingly hot water, and the application of diachylon ointment, might effect some improvement.

Dr. McPhedran read a paper entitled

#### SPINAL IRRITATION.

(See p. 141). In the ensuing discussion,

Dr. Oldright expressed the opinion that paralysis did occasionally occur in the course of spinal irritation so called. In support of this view, he cited a case where paralysis of the lower extremities developed after the patient had suffered for eighteen years from well-marked symptoms of spinal irritation. In another case, at present under observation, there is tenderness over several of the spines and nerve roots in both cervical and lumbar regions, and also a slight paralysis in the muscles of the left forearm and fingers. Blisters have had no effect, and galvanism is being tried at present.

Dr. I. H. Cameron agreed with the writer of the paper, that the term "spinal irritation" was a poor one, as we knew nothing of the pathology, which was, probably, closely allied to that of hysteria. The spinal trouble was as rule, also, due to some visceral lesion or to some lesion of a mucous surface. Rosenthal classified these cases as follows: 1st. Cases of hyperæsthesia or spinal irritation. 2nd. Cases of depressed state of the nerve system or neurasthenia; the symptoms of the latter being lassitude, inaptitude for work, etc. The cases cited by Dr. McPhedran were somewhat anomalous, the greater proportion occurring in the male sex. The results o

treatment threw no light upon the subject, as that of hysteria is largely identical. Faradism being depressant is contra-indicated in spinal irritation, but galvanism is tonic and useful.

Dr. J. E. Graham cited the case of a young lady, where persistent nausea and vomiting resulted from the spinal irritation. No other lesion could be discovered, and the patient died from starvation, showing that the affection may endanger life. In another case, a man was brought to the hospital with symptoms of peritonitis. The pain, tenderness, and tympanites were present, but temperature and pulse were normal. Tenderness was discovered in the lumbar spines, and the patient had been guilty of over sexual indulgence. Cases of spinal irritation could not all be considered hysteria, nor would it ever be possible, in his opinion, to find the lesion, even if dissections could be made at the very time. It was probable that the blood was the seat of the trouble, rather than the mucous membranes—how could we otherwise explain the beneficial effect of a blister applied to the spine? which, in whatever way it acted, could hardly be supposed to cure the lesion in the mucous surface.

Dr. McPhedran, in reply, stated that he had carefully excluded all cases of spinal neurasthenia from his paper. The division of Rosenthal was a good one. The term hysteria could not embrace all cases. There was none present in most of those mentioned, which might rather be considered neuralgias, secondary to some other condition. Pressure over the vertebral grooves occasionally elicited tenderness, where pressure over the spines did not.

#### STATED MEETING, March 22nd.

Dr. Doolittle presented for diagnosis a lad with an

#### AFFECTION OF THE SHOULDER-JOINT.

The chief symptoms were pain, immobility, and general wasting, the remainder being merely of a negative nature. After examination,

Dr. Atherton believed there was some inflammatory trouble present in the head of the humerus, which, approaching the articular surface, gave rise to the pain. If the limb were

placed completely at rest for a few weeks and the symptoms did not improve, an exploratory incision would be needful.

Dr. Spencer presented for examination a boy aged 14, of whom he gave the following history: Up to the age of 13 the lad had been perfectly healthy; was considered a bright boy at his lessons, and never had convulsions. About one year ago he began to be dull, would walk in a stooping position, and assumed an imbecile look. As the school-boys maltreated him, removal from school was necessary. He seems inclined to sleep all day long; never speaks unless spoken to, when he answers in a stupid, abrupt manner. Occasionally he will get into a wild state, but ordinarily he is quiet and clean in his habits. His memory is fair, he writes a little if asked to, but cannot read. The pupils are widely dilated and do not respond to light, but the sight seems good. The appetite is gone, a little bread and butter being his sole diet. The sense of taste seems affected, as he swallows bitters and sweets without noticing any difference. The fingers and toes twitch occasionally. The gait is shuffling, the left leg being thrown out in walking, and the knees knock together. For some time past he has shown a tendency to fall forward suddenly on his face, especially in the morning after getting out of bed. His face has been cut frequently in this manner, and it is found unsafe to leave him alone. All the symptoms have grown worse lately. Family history is good. Further examination by the members showed the patellar reflex to be present in the right leg, absent in the left; the left arm and leg seemed stronger than the right. When told to close his eyes he swayed a little, but retained his balance, the knees and heels being together. He could also turn around with the eyes closed. The legs pitted in pressure, and there was a heavy look about the eyes. The tongue was tremulous when extended. If the head was raised the boy seemed distressed. Slight spastic condition of the limbs.

Dr. Machell remembered a case eight years ago, where the chief symptom had been that the child's head would fall forward upon the table suddenly while at breakfast, so that she hurt herself considerably. Convulsions were present. The diagnosis of those consulted had



been tubercular meningitis; but the child had recovered, and was now in good health.

Dr. Nevitt knew of a case in the House of Providence, where a child of eight, on getting its head to a certain elevation, would let it fall backwards violently. It was supposed to be due to tubercular disease at the base of the brain.

After further discussion, it was thought that, while the trouble in this case might be tubercular, it would be well to have the urine and the eyes thoroughly examined.

Dr. Powell reported a case of rupture of the artery in the funis after ligature. Cause unknown. Several other members mentioned cases of hemorrhage from the cord after apparently secure ligature.

#### STATED MEETING, March 28th.

Dr. McCullough read a paper on

##### SUPRAPUBIC LITHOTOMY,

being the history of a case in practice. In the ensuing discussion,

Dr. I. H. Cameron advocated Peterson's method of raising the peritoneum in adults (by injecting  $\frac{3}{4}$  12 of fluid into the bladder and  $\frac{3}{4}$  10 into the rectum), and drew attention to the late procedure of Prof. Annandale in Edinburgh, bringing the stone against the upper anterior vesical wall by means of a lithotrite, and then cutting down upon it. As to suturing the bladder walls—if this were done at all—the stitches should never penetrate the mucous membrane, nor was it advisable to suture the bladder to the abdominal tissues. Dr. C. briefly spoke of a case, at present under treatment in the Hospital, where it had proved extremely difficult to prevent the drainage of urine through the abdominal incision, presumably on account of an enlarged prostate.

Dr. Atherton expressed his belief that the perineal operation would eventually be the favorite in the case of children. That impotence resulted from this operation was not proven.

Dr. Oldright asked suggestions as to treatment in a case of obstinate incontinence in a child of 6 years. He had removed a vesical calculus some time since.

Dr. I. H. Cameron advised electricity, on the ground that the sphincter action of the prostate might have been impaired by the operation.

Dr. Oldright further presented two specimens of bony cyst involving the heads of a tibia and ulna. These were from the museum, and no histories were recorded.

#### STATED MEETING, April 5th.

##### PATHOLOGICAL SPECIMENS.

Dr. Machell presented a coccyx, removed on account of fracture occurring four months previous to operation.

##### GASTRIC ULCER.

Dr. Peters presented a stomach with a round perforating ulcer on its anterior surface, removed from a girl aged 19 years. The following history of the case was given by Dr. Ianson:—The patient, a housemaid, while at ordinary work was seized with agonizing pain in the stomach and under the left shoulder-blade. This was followed by vomiting of the gastric contents tinged with blood. She soon passed into a state of collapse, and died in twenty-one hours, during which she swallowed great quantities of water. Tympanitis was only present an hour or two before death. No gastric history could be elicited.

Dr. I. H. Cameron said the patient had been in poor health while in the House of Providence.

*Post-mortem.*—The abdominal cavity was distended with fluid; the stomach almost empty. Signs of inflammation were very slight; no marked injection of the vessels; no adhesion of the intestines; only a little pus and inflammatory exudation over the surface of the liver. This might be ascribed to the quantity of fluid present, and if so, was an indication for lavage as a treatment.

Dr. Graham referred to a case characterized similarly by extreme suddenness in the onset of the symptoms. *Post-mortem.*—Two perforations were found in the posterior wall, near the lesser curvature. Signs of inflammation here, too, were few. Shock might possibly account for their absence. Could not these cases be treated surgically?

Dr. Ferguson mentioned another case, when death followed perforation in twenty-four hours.

Dr. I. H. Cameron stated that pain under the scapula was emphasized as a symptom by Dr. Brinton.

Dr. Atherton believed perforation might occur without death resulting. He had met with two such cases.

Dr. I. H. Cameron presented a specimen of nutmeg liver. There had been no symptoms during life.

#### STATED MEETING, April 12th.

Dr. G. S. Ryerson presented a female patient with

#### CONGENITAL DISLOCATION OUTWARDS OF BOTH LENS.

There was no history of injury. The lesion was due to non-development of the suspensory ligaments. Vision was imperfect. As a rule, in these cases the lens subsequently became cataractous. The lesion was extremely infrequent. Instrumental delivery as a cause was doubtful.

Dr. F. W. Cane then read a paper, entitled

#### THE RELATION OF GOITRE TO INSANITY

(See page 145).

Dr. Duncan in his remarks dwelt upon the increase in salivary secretion, and its change of quality, consequent upon the extirpation of the thyroid.

Dr. Nevitt stated, on the authority of Mr. A. Smith, V.S., that 90 per cent. of the city horses became goitrous. Very many people had single or double enlargement without other symptoms.

Dr. Graham had seen but one case of myxœdema in this city, and that was a doubtful one.

#### STATED MEETING, April 19th.

Dr. Nevitt mentioned two cases of syphilitic cachexia in children, with lingual ulcers, which disappeared under mercurial treatment.

Dr. McCullough exhibited the specimen, and gave the history of a case of aneurism of the aorta, with rupture, occurring in a young man. Besides a dull area, three inches in diameter, under the manubrium, the symptoms were negative.

D. J. GIBB WISHART, Sec'y.

## Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

### TAX ON SURGICAL INSTRUMENTS.

DEAR SIRS, —Will you kindly permit the attention of the general profession being drawn, through your columns, to the enormous import tax put by our Government upon surgical instruments and appliances, and the injustice done thereby, not only to the public, but also to the profession at large.

How many of the poorer of patients the physician would gladly and gratuitously alleviate, was the high price of the instrument required not a stumbling block? Every one has had such cases, and in this manner, unless some kindly-disposed friend comes forward and pays for the instrument, many cases continue to suffer year after year.

There are no surgical instrument manufacturers, properly so-called, in Canada. The field is too small, and we are compelled to pay almost double (in some cases more), for everything we do not smuggle.

In England and the Continent the great bulk of instruments are to be bought for one-half, or less, than in Canada, and even those made in the United States, high as their prices are, we can't secure without paying thirty to forty per cent.

Many of our junior practitioners, from this cause, are sadly equipped with instruments, not only for emergency cases, but also those ordinarily required for precision of diagnosis, or relief, and those only of our seniors, who fortunately can afford to pay the burdensome figure demanded, are at all likely to be even fairly equipped. The results are obvious—the general public suffer. No doubt, many medical men are aware of cases untimely ended, for want of a particular instrument, beyond the purchasing power of the doctor.

I believe, if proper representation is made to the Minister of Customs, that all those instruments and appliances, intended for the relief of our fellow-countrymen, which are not made in Canada, would be placed on the free list.

Already the profession in the United States is making an appeal for a similar release from



their import duties, complaining that the price of instruments made there is out of all proportion to the same in Europe. How much worse is our case, who have to pay thirty to forty per cent. more?

This is a subject which, if brought to a satisfactory termination, will gain you the gratitude of the whole profession, and I hope you will take it up.

Yours, J. E. W.

### Book Notices.

*The Galvano-Cautery Sound and its Application, Especially in Hypertrophy of the Prostate, with Reports of Cases.* By ROBERT NEWMAN, M.D., of New York. (Reprint).

*The Bones of the Leg Considered as One Apparatus.* By THOS. DWIGHT, M.D. Boston: Cupples & Hurd, Medical Publishers, 1888. Price 25c.

*Proceedings of the National Conference of State Boards of Health at the Fourth Annual Meeting held at Washington, D.C., September 7th, 1887.* Published by the State Boards of Health of Michigan, 1888.

*Diseases of Man: Data of their Nomenclature and Genesis.* By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. New York: J. H. Vail and Co., 21 Astor Place. Toronto: J. E. Bryant & Co., 64 Bay Street.

*Report Relating to the Registration of Births, Marriages, and Deaths, in the Province of Ontario, for the Year ending 31st December, 1886.* Toronto: Printed by Warwick & Sons, 26 and 28 Front Street West.

*Diseases of the Heart.* By ALONZO CLARK, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, etc., College of Physicians and Surgeons, New York. One 8vo volume, 251 pages; price, \$2.75. New York: E. B. Treat, Publisher, 771 Broadway. Toronto: J. E. Bryant & Co., 64 Bay St.

*Obstetric Synopsis.* By JOHN S. STEWART, M.D., Demonstrator of Obstetrics, Medico-Chirurgical College of Philadelphia. F. A. Davis, Philadelphia, Publisher.

This is a poor sort of a book, and rather a poor book of the sort.

*A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners.* Second edition, thoroughly revised and enlarged. By JAMES NEVINS HYDE, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, etc. Philadelphia: Lea Brothers & Co. 1888. Toronto: J. E. Bryant & Co., 64 Bay Street.

*The Rules of Aseptic and Antiseptic Surgery. A Practical Treatise for the use of Students and the General Practitioner.* By ARPAD G. GERSTER, M.D., Professor of Surgery in the New York Polyclinic. Illustrated, with two hundred and forth-eight engravings, and three chromo-lithographic plates. New York: D. Appleton & Co., 1888.

*Chemical Analysis of Healthy and Diseased Urine.* By T. C. VANNUYS, Professor of Chemistry, Indiana University, with 39 wood engravings. Philadelphia: P. Blakiston, Son & Company; Toronto: Williamson & Co.

This is one of the best books of the kind we have seen.

*The Treatment of Hemorrhoids by Injections of Carbolic Acid and other Substances.* By SILAS T. YOUTT, M.D., Physician to St. Elizabeth's Hospital, etc. Second edition. Lafayette, Ind.: The Echo Music Co., Printers.

This little book is written in rather a pleasant style, and gives a very good account of this method of treating piles.

*On a New Treatment of Chronic Metritis, and especially of Endometritis with Intra-uterine Chemical Galvano Cauterization.* By Dr. GEORGES APOSTOLI, of Paris, Translated by A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., Lecturer in Gynæcology in Bishop's University, Montreal.

On account of the great interest taken in Apostoli's methods of treatment, this excellent translation should be highly appreciated. George S. Davis, Detroit, Publisher.

*Health Lessons.* By JEROME WALKER, M.D., Lecturer in Hygiene at Long Island Hospital. New York: D. Appleton & Co. 1887. Toronto: W. J. Gage & Co.

This book has been published with the aim of teaching health lessons to young children, in a truthful and interesting manner. The chapters on *what to eat, warmth and clothing*, and

*cleanliness* are particularly well written and thorough, while simply enough told to impress their truths on the youngest mind. It will recommend itself to teachers everywhere.

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*The Diseases of the Ear and their Treatment.*

By ARTHUR HARTMANN, M.D., Berlin.  
Translated from the German by James Erskine, M.A., M.B. New York: G. P. Putnam's Sons. 1887.

The fact that this work has reached its third German edition is an evidence of its scientific and practical nature. These qualities, and the concise form in which it is presented, make the work especially suited to the use of general practitioners. Doubtful theories are for the most part not touched upon, but the student is referred therefor to the comprehensive works of Grube, Politzer, and others. The anatomy of the parts receive sufficient attention for all practical purposes. On the other hand, the treatment is gone into rather sparingly; the references made to many therapeutic performances, although perhaps sufficient for those well practised, is scarcely enough in detail for the average practitioner. A list of therapeutic formulæ, a general index, and an index of authorities completes the work.

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*A Manual of Diseases of the Nervous System.*

By W. R. GOWERS, M.D., F.R.C.P. Philadelphia: P. Blakston, Son & Co. Toronto: J. A. Carveth, Parliament St.

We take great pleasure in bringing this most admirable work before the notice of the profession. The first two parts—Diseases of the Spinal Cord and Nerves—were published in a separate volume some months ago, but have been revised for this edition. The remainder of the volume is entirely new. We are safe in saying that the present is one of the most exhaustive works upon nervous diseases ever published in the English language, and it certainly is fully up to the times in every particular.

We always consider that an excellent test of the value of a manual is to look up in it any obscure point which may arise in practice, and to find light upon it. We have thus several times tested the volume before us, and have been astonished at the amount of information given.

The work may be divided into three parts. The first treats of diseased conditions of the spinal cord and nerves, the second of diseases of the brain, and the third of general and functional diseases. The author, Dr. Gowers, is one of the most accurate and painstaking neurologists living; and the present work everywhere exhibits a wonderful knowledge, both of the pathology and treatment of the diseases of the nervous system.

We can recommend the volume as one of the best ever published in this department, and as one which every practitioner should possess, if he expects to keep pace with the great progress made in this department during the past few years.

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## Personal.

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Dr. Machell has removed to Bellevue Ave.

Drs. J. M. Cochrane and Trow are in London.

Dr. Lehmann, formerly of Mitchell, is now in Vienna.

Dr. Doolittle has removed to Queen Street East.

Dr. W. Foulkner, of Foxboro', has been appointed Associate Coroner.

Dr. Glasgow, of Welland, was banqueted by his friends on the eve of his marriage.

Sir Andrew Clark was elected president of the Royal College of Physicians of London.

Dr. W. C. Heggie, of Malton, has been appointed Medical Health Officer for Toronto Gore.

Dr. C. R. Agnew, the well-known ophthalmologist of New York City, died on the 18th of April.

We were incorrect in stating that Dr. Teskey was on the Examining Board for Victoria University.

Drs. Caven and Scadding (1887) are now in Paris, and Dr. Thorburn is continuing his studies in Vienna.

Mr. Thos. Bryant retires from the post of surgeon to Guy's Hospital in May, after thirty-one years' term of office.



It is now understood that Dr. Widdifield, M.P.P. for North York, has been appointed Sheriff of York.

Dr. Lutz has been appointed Medical Health Officer of Exeter, in place of Dr. Hyndman, who has resigned.

Dr. Thos. Keith, the distinguished abdominal surgeon, has announced his intention of removing from Edinburgh to London.

Dr. W. R. Shaw, of Brantford, Ontario, has been appointed Surgeon in Charge at the Victoria Throat and Lung Hospital, London, Eng.

Dr. Stone, who has just graduated at the Woman's Medical College, leaves in a few weeks for Australia, where she intends to practice.

Professor Nicholas Senn, M.D., has been appointed Professor of the Principles of Surgery and Surgical Pathology in Rush Medical College.

Thomas Ovens, M.D., of the township of Bosanquet, county of Lambton, has been appointed an Associate Coroner for the county of Lambton.

Dr. Sweetnam, of Toronto, has returned from the continent. When in Paris he saw Apostoli operate on some fifty cases, the majority of which were uterine fibroids.

All the ladies who presented themselves for the final examinations in medicine, at Trinity University, graduated with honors; Dr. Carson being well up in 1st class, and Drs. McKay and Stone in the 2nd—the former heading that list.

At the last meeting of the Faculty of the Woman's Medical College, Dr. Nevitt resigned his position as Secretary—one which he had filled since the organization of the school, five years ago. His resignation was accepted with regret. Dr. Wishart was appointed to the vacant position.

Dr. J. Campbell, of Ontario, arrived in the city at seven o'clock yesterday morning, on a Grand Trunk train, at the Dearborn Station. As the Doctor was alighting from the train, he was seized by the arms from behind by one man, while two others went through his pockets and secured \$60 in cash and a ticket good for

a through passage to San Francisco, to which point the doctor was travelling. Dr. Campbell gave a fair description of his assailants, and the three men were arrested during the day.—*Chicago Inter-Ocean, April 17.*

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### Miscellaneous.

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A London druggist displays the following card in his window, "Come in, and get twelve emetics for a shilling."—*Ex.*

The number of physicians in Italy, according to official statistics published in 1887, was 17,586, not including the army and navy surgeons, whose number was upwards of 1,000.

AN OLD PHYSICIAN.—Dr. Nekliewitsch, of Loske, in Poland, recently died at the advanced age of 109 years. A quarter of an hour before his death he saw and prescribed for a patient.

Papoma, manufactured by John Wyeth & Bro. (Davis & Lawrence Co., Montreal), was introduced into Canada some years ago and was commended by many medical men. Samples will be forwarded by mail to any physician wishing to give it a trial. The late Dr. Fulton, in writing of the preparation, said: "It is easily digested, readily assimilated, and does not produce gastric disturbance or flatulence, and is a valuable addition to the diet of the nursery."

A very unfortunate accident lately occurred at the Roosevelt Hospital, owing to carelessness on the part of an employee. A young man had just undergone a surgical operation, and while still under the influence of ether he was placed on a roller stretcher and removed by an orderly from the operating room to the hall. The door leading to the elevator was then opened by another attendant, and the orderly, supposing the elevator was on that floor, pushed the stretcher into the shaft. The patient fell about twenty-three feet, fracturing his skull and died in about an hour.—*Atlanta Med. and Surg. JI.*

The following clipping from the *New England Medical Monthly* on insomnia indicates the position which W. R. Warner & Co.'s elegant preparations have with the profession in New England. In Canada, also, the preparations are used extensively and known most favorably:—

"Bromide of soda, and also the potassium salt, is often used and great benefit has resulted. In the treatment of neurasthenia great benefit has resulted from the use of the bromides of soda and potash, especially when in combination with a salt that will counteract the depressing effects resulting from the use of bromide. Such preparations are the bromo-soda and bromo-potash prepared by Wm. R. Warner & Co., and in the treatment of nervousness, debility and neurasthenia, which can generally be ascribed to insomnia, they are especially efficient and agreeable. They are put up in granular form, which makes a delightful effervescing draught, and gives the patient a desire to take these preparations, which are extremely palatable and beneficial. The preparation of bromo-soda was partly suggested by the late Dr. J. S. Jewell. Physicians have met with unfailing success in the use of bromo-soda in the treatment of nervous headache and the conditions resulting from an overworked and run-down system."

A BUSY PRACTITIONER.—Dr. Cotting, of Boston, in relating his personal reminiscences of fifty years' practice, says: "The greatest number of professional visits to separate houses I ever made in one day was forty-three (a few of the houses visited having more than one patient). It was one of the longest days of summer, and there was no time to rest, from early dawn to late at night. I once attended four births, in different parts of the town, within twelve hours; between twelve at night and twelve at noon following. It happened to be a February 22nd, and the three boys were each called George Washington, while the girl received the name of Martha. The mothers were unknown to each other."—*Boston Medical and Surgical Journal*.

HARD TIMES.—There is a general impression that times are very hard with medical men. Ours has never been considered a rich or lucra-

tive calling, but, as a set off, it has been thought that medical men could always contrive to make ends meet; that with them, as with Robert Levett,

"The modest wants of every day  
The toil of every day supplied."

Even this is no longer conceded without question, and some critics go so far as to say that the run of medical men live and die very impecuniously. It is not difficult to believe this pessimistic account, and there are many facts which lend a plausibility to it. . . . There are, on an average, 1162 additions yearly to the Medical Registrar, as against the average death of 588 members of the profession, or a yearly surplus of 574, who are to find employment in a community yearly rendered more healthy and independent of the profession by the very efforts of the profession itself. . . . It is certain that the remedy rests mainly with the profession itself. Neither Parliament nor the Medical Council can help us much. The public will take medical men at their own valuation. If sixpence is their charge, they will be called sixpenny doctors, and will deserve to be called so. But such charges will be identified rather with a low style of practice and an inferior quality of drugs than with the great profession whose members have commanded the veneration and respect of mankind.—*Lancet*.

## Births, Marriages, and Deaths.

### MARRIAGES.

GRAHAME-MORSON.—On Monday evening, April 9th, at St. Phillip's Church, by the Rev. J. Fielding Sweeney, B.D., Lawrence Hill Grahame to Jessie Laura, youngest daughter of Dr. Alfred Morson, of Toronto.

GREENWOOD-ELLIS.—On April 10th, at St. Mark's, Surbiton, London, England, F. S. Greenwood, M.D., L.R.C.P. London, to Margaret, daughter of William Ellis, Esq., Superintendent of Welland Canal, all of St. Catharines, Ont.

KING-OTT.—On April 3rd, in Brantford, at the Congregational Church, by the Rev. Joseph Wild, D.D., Edmund E. King, M.D., of Toronto, to Isabella J., daughter of Franklin Ott, Esq.

### DEATHS.

COLTON.—On Thursday, the 5th of April, at his residence, Picton, Ont., William Wallace Colton, M.D., in the 46th year of his age.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

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J. E. GRAHAM, M.D., L.R.C.P. London

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, JUNE, 1888.

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### Original Communications.

#### TYPHOID FEVER VS. TUBERCULAR PERITONITIS.

BY R. L. MACDONNELL, M.D.,

Professor of Hygiene in McGill University; Physician to  
Montreal General Hospital.

Both in town and country, typhoid fever is still the disease with which the practitioner is most familiar, except, perhaps, the forms of phthisis. The climatic conditions under which we are living in Canada will always, in spite of the efforts of hygienists, render this disease a formidable enemy. The long, cold winter preserves animal and vegetable refuse, so that the accumulation of many months is suddenly exposed to a hot sun and kept continuously baking for months, until, in September, the outbreaks occur, and our hospitals become filled with fever patients. Continued cold keeps in a state of frozen preservation the contents of privy pits ready to rapidly permeate the soil as soon as the frost leaves the ground. One of the not uncommon features of this disease I propose to deal with, gathering my information from notes taken in the course of my own experience, viz., its great resemblance to tubercular peritonitis.

What is the connection between phthisis and typhoid fever?

Persons laboring under phthisis rarely become the subject of typhoid fever; so much is this the case that formerly it was thought that

phthisis acted as a preservative. But the cases in which a typhoid fever complicates a phthisis cannot be so very rare, since we have met with such cases not unfrequently in hospital practice. Such a case as this, for example: A sailor, aged 24 years, presented himself at the Montreal General Hospital with a history of progressive emaciation, night sweats, cough, with copious purulent expectoration; both lungs are softening, and physical signs of a large cavity is found at the apex of the left. The temperature is high; about  $101^{\circ}$  or  $102^{\circ}$  at night. Improvement follows admission; but after a month's stay in hospital the temperature begins to rise slowly; the tongue becomes coated, afterwards dry, and the bowels become loose. In a few days typhoid spots are found on the abdomen. The fever runs its usual course, and ends in recovery. The condition of the patient as regards the phthisis seems quite unchanged after the effects of the fever have worn off.

But I have not found in actual practice that post-typhoid phthisis is so very commonly met with. True, there are cases where the temperature fails to remain any time at a normal standpoint, where the strength fails to return, and where an examination reveals the presence of mucous râles throughout both lungs, and where death occurs in from two to four months. It is probable that many such cases were never typhoid fever at all, but that the symptoms of the acute tuberculosis were mistaken for those of the fever.

The following case illustrates the ease with which an erroneous diagnosis may be formed, and also the wandering course of tubercular peritonitis.

Elizabeth B., aged 18 years, had always been a somewhat delicate child, though during the five years which preceded her last illness she had never been seriously ill, and a history of tubercle was not to be found in the family. On the 2nd of June, 1884, she took to her bed, complaining of general lassitude. For the last fortnight she had not been well, though she could not explain from what she was suffering. No pain anywhere; rather pale; gums and conjunctivæ somewhat anæmic; pulse 100; regular temperature 100° in the morning; tongue slightly coated; appetite very poor; bowels somewhat confined; no abdominal tenderness. Typhoid fever was prevalent at the time; indeed some cases had occurred in the same terrace in which she lived. Mentally my diagnosis was made, and the next few days was to fix it decidedly.

June 3rd. No improvement to-day. Pulse and temperature a little increased. Slight tympanites perceptible. Patient says that she has noticed her abdomen enlarged for some months, and that she has for the same period suffered from uncomfortable sensations in that region. (I find this statement entered in my case book. It would have been well had more attention been given to the girl's story, but I attributed it to an attempt on her part to make light of the whole illness). There was no tenderness, and the percussion note was clear throughout the surface of the abdomen.

June 6-8th. Tongue becoming more heavily coated. Diarrhœa. Pulse is now 100-120, Temperature usually 101° to 102° at night. Urine febrile—no albumen, no sugar.

June 10th. Abdomen, though still distended, is not so resonant on percussion. After the administration of an enema, a large quantity of wind was passed, followed by relief to the uncomfortable feeling in the abdomen.

July 23rd. The resonance on percussion over the abdomen has gradually disappeared. It has now become evident that there is fluid in the peritoneum. The girth measurement has fallen from thirty-four to thirty-one inches, and

distension is less manifest. The dulness on percussion is not movable, but persists in the left iliac and right lumbar regions when patient is on her right side, showing that probably it may be encysted. The heart is now displaced upwards. At this period of the case it was noted that the diagnosis was "cyst, ovarian or parametric, with mild typhoid fever superadded." The symptoms so strongly impressed themselves on my mind as being the result of the fever, that even at that time I could not rid myself of that idea. And yet there were certain symptoms that did not point to typhoid. After the event one can always be wise, and so on reading the notes I see that there are several features of the case to which due attention was not given. There were no spots perceived, nor was there ever localized tenderness; but more important than these, the appetite was always good, even when the thermometer stood persistently high at 101° and 102°. Every evening at about this time, too, the urine was copious and watery, sp. gr. 1005, no albumen, no sugar. This led me to hope that, perhaps, there might be a distended bladder, but the catheter brought away but half a pint of urine.

Aug. 13th. She had now improved. The appetite was fair, the general strength seemed to return, and it was thought that she was gaining in weight, but on every occasion on which I saw her in the evening the temperature was raised to 100° or 101°. There had never been cough, nor were any physical signs detected. The abdominal distension is diminishing. At present there is flatness in all the regions except the right lumbar. No alteration with change of posture.

Aug. 18th. Abdomen plainly diminishing in girth, and becoming irregular in outline; the left side becoming more prominent. General appearance excellent. She was taken to the country a few days ago, where she finds herself improving rapidly. Walks daily in the garden, and spends her time on the veranda. The high temperature persists. Noted to-day that "I am believing in the chronic peritonitis theory. 1. High temperature. 2. The clear space in the flank due to adhesion of intestine."

Aug. 26th. Mr. Lawson Tait very kindly consented to examine the case. The abdomen



then was still diminishing, so that it was plain that it was occupied by a large cyst. The uterus was free and quite unattached. As a result of our examination no fixed diagnosis was made, the choice lying between tubercular peritonitis, parovarian cyst, and congenital subperitoneal cyst. In any case, improvement was going on; the contents of the cyst were gradually disappearing, and there was a return of the general health. High evening temperature persists.

Sept. 4th. Girth, 27½ inches. Tumor is now plainly locular and much smaller.

Sept. 20th. Stronger, better, and is gaining flesh. Abdomen almost flat. Fluctuation in the tumor is by no means distinct. Nearly all the right side of the abdomen is clear upon percussion, as well as the left hypochondriac region. Beyond a doubt, an encysted tumor as large as an adult head lies on the left side of the abdomen. Girth at navel 25½ inches.

Nov. 15th. On her return to town improvement seemed to continue up to the end of October, when preparations were made to take her to the south for the winter, in order to obtain change of air. Previous to her departure she had complained of slight tickling cough, for which she had consulted a laryngologist. About the 7th of November she left for the United States when, after a few days' enjoyment of good health and spirits, she was suddenly attacked by severe cough, profuse night sweats, and debility. On her return to Montreal there were already advanced physical signs in both lungs. From that time to the date of her death, in December, some five weeks, the destructive process in the lungs was most rapid—large cavities forming in both. The temperature, too, ran very high, and death was the result of gradual exhaustion.

Here was a case originally regarded as typhoid fever, which, I feel certain now, was simply tubercular peritonitis from the start. Apart from the evidences of this diagnosis, which the reader can readily see, others were elicited by subsequent investigation. The health had been gradually and imperceptibly failing for some months previous to the occasion of my first attendance. There had been a great disinclination for exertion and a feeble appetite.

The lesson to be learnt as to the diagnosis is mainly from the thermometer. From the time that the typhoid theory was abandoned, I do believe the temperature was not normal one single night. The figures kept telling of lurking mischief. It was impossible to avoid hoping for improvement and a return to health, when the shrinkage of the abdominal tumor was so evident. The attack on the lungs was, no doubt, latent for some time before the actual outbreak. As I did not see the patient for some little time before she started, there was no examination by stethoscope made just previous to the departure, so that it is not possible to say at what day within six weeks physical signs became manifest.

Unfortunately an autopsy could not be obtained. Dr. Osler, who had seen the patient in Philadelphia, found tubercle bacilli in the sputum.

In the following case the resemblance between these two diseases was even more strongly marked. The fever regarded at the outset as purely typhoid, and treated as such, ran a course which any physician in the world might have said was that of enteric fever. Not until the fifth or sixth week did my suspicions arise that probably we were dealing with tubercular peritonitis, and such a diagnosis was proved to be the correct one by the infallible proof of a *post-mortem* examination.

The patient, Maria D., aged 20, was admitted into ward 24 of the Montreal General Hospital, on the 20th of February, 1886, complaining of general debility and cough. There was a previous history of pleurisy, corroborated by the physical signs present. On admission, six months before she had fallen against a balustrade, striking the left side of the chest. No bad results were experienced until some days after, when severe pain at the seat of injury set in, which was shooting in character and hindered the breathing. These catching pains in the left chest lasted off and on until nearly a month ago, when the patient had for the first time an attack of chills with vomiting. At the same time a cough with considerable expectoration set in. Family history negative. She did not take to her bed until Monday, 15th February, when she noticed that her left foot and leg were swollen

and painful. For this she applied some lotion, after which pain and swelling disappeared, though she still remained feverish, and was obliged to remain in bed up to the date of her admission. Fairly well nourished, though the muscles are somewhat flabby; expression rather dull; a circumscribed flush on each malar eminence; good intelligence; sleeps well; skin, dry and hot; pulse, 120, weak and soft; temperature, 101° F.; respiration, 36. The heart sounds are normal, the respiration quick and shallow, and cough with expectoration of mucus is present. Vocal fremitus is deficient in the left infra axillary and infra scapular region. On left side there is marked dullness from eighth rib in the infra axillary region. Over this same area there was friction, both on inspiration and expiration. At the right base there were large and small moist râles. The tongue is pointed, red at the borders and coated in the centre with white fur, slightly moist. Vomits sometimes, usually after food. Bowels regular. Abdomen evenly distended; no rash; slight tenderness over the right iliac fossa; no gurgling; spleen slightly enlarged. Urine, high colored, slight mucous cloud. Specific gravity 1030. No albumen; no sugar. At this point there was not any question of typhoid fever. The diagnosis was plainly to be found in the condition of the pleura. She was suffering from the effects of an old pleurisy with slight effusion, which might have been undergoing some purulent change. But it was subsequent to admission that symptoms appeared leading us to suppose that typhoid fever was present.

The course of the disease may be thus briefly stated:

*First week.* Very severe headache, for the relief of which the cold coil was kept applied; tympanites very troublesome. On one day the catheter was used to relieve the retention of urine. There was a complaint of pain in the right side of the abdomen. Morning temperature, 101° and 102°; evening temperature, 103° and 104°; pulse, 120 to 130; respirations, 40 to 45. Bowels moved once or twice a day. No fever spots.

*Second week.* Headache; abdomen less distended and less painful. Cough present, but not so troublesome; morning temperature, 100° and

101°; evening temperature, generally 102°, on one evening, 103°; pulse, 120 to 138; respirations, 40 to 54; diarrhoea (5 stools) on two days of the week.

*Fourth week.* Condition in the main unchanged; cough slight, but persistent; abdomen tympanitic; a moderate hemorrhage from the bowels occurred one day; temperature shows no sign of falling, reaching in one day 104° and usually touching 102° at night, never falling below 100° in the morning; pulse, 120 to 130. Slight diarrhoea on one day.

*Sixth week.* The temperature is lower, falling to normal once; abdomen, distended still; no diarrhoea. The apex of the left lung is suspiciously dull, and a few small moist râles were heard. The diagnosis of typhoid seems now uncertain.

For the remainder of the illness, the temperature remained unchanged, and was high to the last. Death occurring in the tenth week, being mainly the result of debility, accelerated by the persistent vomiting which set in during the last fortnight. The abdominal distension persisted. *Autopsy*—Tubercular deposit was found throughout the body, in the fallopian tubes, in the peritoneum, the pleura, lungs and kidneys. There was no evidence of recent typhoid fever.

#### CASE OF SUPPOSED PERFORATION OF STOMACH FROM ULCER, FOLLOWED BY RECOVERY.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.

(Read at Toronto Medical Society.)

R. O'B., male, aged 50 years. For nearly two years previous to the present attack the patient has been troubled very much with pain and flatulence after food, accompanied with acidity and occasional vomiting. Fifteen months ago he had a severe attack of hematemesis and meæma, which caused syncope at the time, followed by extreme anæmia and considerable œdema of the feet and legs. It was only after six months that he was able to resume his ordinary work. The gastric symptoms still, however, persisted, and he was obliged to exercise much care as to his diet. He continued at his post of night-watchman and fireman at the gas works, where he had been employed for



about twenty years, till the morning of the 5th of January, 1884, when, at eight o'clock, he was suddenly seized with an excruciating pain in the epigastric region, which forced him to lie down then and there upon the floor, whence he was carried by some men to his home, which was close at hand. The pain was accompanied by vomiting of a small quantity of gruel-like mucous matter, tinged with blood.

I was at once summoned, and saw patient at 10 a.m. His condition then was as follows: Knees drawn up; complaining bitterly of pain in epigastrium, which was aggravated by drawing a long breath and by any movement of body; countenance anxious, like one in collapse; extremities and nose, cold; pulse, 60; and abdomen tender, tense, and somewhat tympanitic. I immediately administered a quarter of a grain of morphine hypodermically, and had bottles of hot water applied to the legs and feet. Vomiting occurred to a slight extent while I was in the house. The vomited matter was such as before mentioned. He informed me that he was feeling as well as usual with him, up to the moment when he was seized with the sudden and severe pain in the abdomen, which he described as feeling "as if a spike were being driven through" him. He had had nothing to eat since the evening before, except a light lunch at midnight. A movement of the bowels had taken place shortly before the attack. I ordered him to have nothing but a small bit of ice occasionally, and to keep perfectly quiet; one-fourth of a grain of morphine to be given p.r.n.

12 m. Less pain and no further vomiting; has taken one dose of morphine by mouth; extremities still cold; abdominal distension and tympanites more marked; liver dulness obscured. 3 p.m. Pain rather less acute; extremities not yet quite warm; pulse, 88; temperature, 99°.

Jan. 6th, 10 a.m. Took another quarter-grain of morphine during night; rested at intervals; no vomiting; reaction thoroughly established; abdomen is perhaps a little less tense and hard, but tympanites is extreme; pulse, 92; temperature, 99°6'.

Jan. 7th. Wind passed freely downwards this morning and during night; requires from one

third to a half of a grain of morphine in twenty-four hours to relieve pain; pulse, 80; temperature, 97°6'.

Jan. 8th. Took only one quarter of a grain of morphine during last twenty-four hours; feels weak, from want of food he thinks. An enema of brandy and gruel (strained) was given yesterday, but it returned an hour afterwards; pulse, 88; temperature, normal. Abdominal distension grows somewhat less marked, but the tympanites still entirely obscures the normal dulness of liver; to have an enema of beef tea to-day, and may take a tablespoonful of milk and lime water every half hour.

Jan. 9th. Enema soon came away, milk and lime water seemed to agree with him, and it was ordered to be continued in double quantity. only some uneasiness now complained of in abdomen. About one-fourth grain of morphine taken since yesterday. Abdomen grows softer. Pulse, 80; temperature, normal.

Jan. 11th. Much the same; bowels regular; has taken nothing yet but the milk and lime water; was troubled somewhat during the night with flatulence; omit morphine; may try some light solid food; also to take five grains of maltopepsyn three times a day.

Jan. 15th. Doing well; abdomen now nearly natural in size and resonance.

Jan. 23rd. Going about the house, feeling pretty well.

In August, 1886, while on a visit to Fredericton, N. B., I saw patient on duty at his old post at the gas house. He told me that he continued to be troubled with dyspepsia, but had not been laid up since last report.

*Remarks.*—Notwithstanding the favorable recovery of the above case, we cannot but think the diagnosis of gastric ulcer, followed by perforation, is the correct one. The long previous history of gastric disturbance, coupled with the severe hæmatemesis and mæna point unmistakably to ulcer of the stomach as the lesion then present; while the sudden and excruciating pain in the epigastric region, accompanied with vomiting, and followed by rapid development of tympanitic distension and collapse, can only indicate some perforation of the alimentary canal, with escape of at least gas into the peritoneal cavity. When I found my patient in such

an alarming condition, I at once advised him to send for his clergyman and prepare for the worst; but when he showed some symptoms of improvement after a few hours, I began to think I must have been mistaken as to my diagnosis of gastric perforation. On consulting "Ziemssen's Cyclopædia," however, I found on page 228, of Vol. VII., the following words: "When perforation occurs, that most disastrous event in the course of gastric ulcer, the only treatment in most cases is to induce euthanasia. Energetic measures are, however, not to be neglected, in view of the fact, that recovery occasionally occurs under these circumstances (Ross, Schliep,) apparently because the stomach was empty at the time of the perforation."

On pages 153-4, Vol. I., of the same work, Liebermister states that in rare cases perforation of the intestine in typhoid fever is followed by recovery. He affirms that he had seen four such. I, myself, believe that I saw one undoubted example in the autumn of 1884. The perforation occurred during the fourth week of the disease, and was ushered in by pain in abdomen and a severe rigor, followed by rapid and marked tympanites. The delirium and ataxic symptoms, previously present in a pronounced degree, at once vanished, with the onset of those of perforation.

In view of the fact, that an occasional instance of recovery from these kinds of perforation of the viscera is met with under medical treatment alone, it becomes a serious question whether a resort to laparotomy is ever justifiable. While sympathizing strongly with those who are striving to push the triumphs of surgery into new fields, I cannot think that this one will ever yield them much fruit.

In regard to cases of perforation from typhoid ulceration, the general condition of the patient, as well as the risk run of disturbing a piece of gut weakened by other ulcers will, I believe, never permit of surgical measures obtaining much, if any, success. Again, in cases of gastric perforation the situation of the lesion is often such, that in order to reach it, a somewhat prolonged operation will be necessary, and this is not likely to be safely borne by a patient already suffering from symptoms of severe shock.

At the late meeting of the German Surgical

Society, a paper was read by Herr Steinthal on the surgical treatment of perforations. He, himself, reported three cases, all of which ended fatally. Frank reported two cases for typhoidal ulcer; both patients died. Doelgar had operated four times for perforative peritonitis, with one recovery. (The report in the New York *Medical Record* does not state the cause of the perforation in these cases.) Fillmann had operated once successfully in a case of perforating ulcer of the stomach.

Until our German friends can improve upon this record, I imagine most of us will rest content with less active treatment in these cases.

### Selections.

*We are indebted to DR. NEVITT for the translation from the Italian and to DR. WISHART for the French.*

#### REPORT OF THE ROTUNDA HOSPITAL FOR THREE YEARS.

*Forcæps Cases.*—There were 203 forcæps cases, a percentage of 5.96, or one in 16.75. Of these, six died, but only two from septicæmia, one having a fœtid discharge when admitted. In the other case the child was dead and œdematous when delivered; placenta adherent, removed, when it, with the discharge, was found to have a very fœtid smell; slight post-partum hemorrhage. The six cases gave a mortality of 2.95 per cent., or one in 33.83 in forcæps cases. The forcæps are not applied in the hospital unless there are positive indications to warrant their application, either on the part of the mother or the child. Those on the part of the child that are considered as indicating danger to life are a very quick or a very slow fœtal heart, or the escape of meconium *per vaginam* when the head presents. Dr. Neville's axis-traction forcæps are those most frequently used. Mr. Lane thinks it has many advantages over the axis-traction forcæps with rods, being more portable, more easily applied, distends the perineum less, can be used, if desired, as a simple forcæps, can be more easily cleansed, and there is no danger of injuring the vagina by the mucous membrane being caught between the blades and the rod.



*Treatment of Retained Placenta, especially when Placenta is adherent.*—Mr. Lane divides the subject into two classes: 1. Cases of simple retained placenta. 2. Cases of retained adherent placenta. The first class he divides into two heads: Cases without irregular contraction, and cases of irregular contraction. The treatment of retained placenta without irregular contraction is very simple, provided the bladder be empty; but simple as it is, Mr. Lane thinks that the hand is often passed unnecessarily into the uterus to remove it. It is often said that the hand should exert steady pressure on the fundus during the third stage of labor; but if this be not properly done, instead of doing good, it will actually do harm, for, as the fundus is occasionally deflected to either side, usually the left, when pressure is made in the mesial line in the hope of expressing the placenta, the later flexion is still more increased thereby, folding the uterus as it were on itself, and pressing the placenta toward the fundus rather than from it through the os. He thinks that the present practice in the hospital, moving the fingers lightly over the uterus, is preferable, and much less tiresome to the hands of the operator. Of simple retained placenta he has seen some cases in which the placenta was immediately expelled when the fundus was raised out of an abnormal position and without pressure.

Cases of irregular or hour-glass contraction are sometimes met with in the third stage, and are said to occasionally occur naturally, but I believe it is much more frequently produced artificially, by the hand being placed during this stage not on the fundus, but somewhat lower down—possibly at the ring of Bandl—and pressure and friction there continually used, exciting and causing the circular fibres situated in that particular part of the uterus to contract tonically. If this contraction-ring be below the edge of the placenta, it will prevent it from getting down into the lower segment of the uterus, or it may be gripped by the ring, in either case, perhaps, necessitating the introduction of the hand for its removal. Cases of retained placenta, due to irregular contraction, may be sometimes overcome, Mr. Lane thinks, by removing the hand from the uterus, and douching it out well, preferably with hot anti-

septic solution, but with plain water if the hot solution be not at hand.

When the placenta is adherent, Mr. Lane believes the proper treatment is to pass the hand or the fingers into the uterus and detach it, but he considers that if the operator's hands be not perfectly aseptic, this is the most dangerous operation in midwifery, except Cæsarean section. It is not always possible to keep the hand within the membranes during the operation, owing to the friable nature of the placenta, necessitating the removal of small pieces at a time. In the Rotunda an anæsthetic, usually chloroform, is almost always given, in order that the hand may be passed a second time when there is any doubt whether all the placental tissue has been removed. In the three years of the report 37 cases of adherent placenta were removed, a percentage of 1.08, or one in 91.95. Of these 37 patients six died, a mortality of 16.2. But of the six deaths only two were due to septicæmia.

*Laceration of Perineum.*—When the perineum is lacerated over .75 inch the practice is, having douched out the vagina with antiseptic solution, to suture immediately, either with silk or catgut (continuous suture for the latter). The stitches are inserted deeply so as to bring the whole of the torn surface into apposition, and the results have been very satisfactory. If the torn surfaces be not accurately apposed the lochia would probably collect between the edges of the wound, causing them to become unhealthy, especially if the discharge be fetid, and this condition, when once produced, is likely to go deeper, possibly invading the whole depth of the perineum, causing the stitches to slough out, and the wound to gape wide open.

*Retention of Membranes.*—In cases of retention of a portion of the membranes the practice in the Rotunda is to make gentle traction, having as a rule tied a ligature on it as close to the vulva as possible, thus gaining a firm hold so that it can be twisted, thus reducing the likelihood of its breaking. "Should the membranes break well inside the vulva, the best course is to allow them to remain there, but the douche may be used, which may possibly cause the piece to come away, and will in any event be beneficial if an antiseptic solution be used. This course is far preferable to introducing the fingers or the

hand, whereby air is introduced—a fertile source of foetid discharge. As to hemorrhage I do not consider it is ever traceable to the retained membrane, but to the imperfect contraction, which is the very cause of the membrane not being expelled."

*Prophylactic antiseptic treatment of ophthalmia neonatorum* is never adopted until the disease is actually manifest. Both eyes, even though only one shows symptoms, are then treated with nitrate of silver solution, eight grains to one ounce, pieces of lint dipped in cold water being kept constantly on the affected eye or eyes. When only one eye is affected it is well to have the other bandaged up so as to prevent contamination. The number of cases for the three years was .99 per cent., say one in 100, which is very low.

Infantile asphyxia is treated by Schultze's plan. First the finger is passed into the child's mouth, and the mucus removed as far as possible. The child is then placed on its back, and the operator's hands are put under its back so that they lie at each side of the spine, the fingers in the direction of the child's lower extremities, and its head resting, or partially resting, between the ulnar sides of the operator's hands. The index fingers are then passed underneath the axillæ from behind forwards, the remaining fingers continuing to support the back. The operator now stands up, allowing the child to hang with its feet downwards. The child is now swung upwards so as to cause the legs to fall over the body, and the thorax to be compressed by the thumbs, and then after an interval the legs are swung back to the original position so that the child will be as it were in the vertical or standing position whence it is again hoisted to the second position. This movement is repeated eight or ten times, and then the child is placed in a warm bath for a few minutes, during which time any mucus that has collected in the larynx is removed by aspiration through a catheter. Care should be taken not to jerk the child during the movements, lest some of the viscera be injured.

*The Incubator*, Mr. Lane is satisfied, has been the means of saving the lives of many infants in the hospital, since, notwithstanding the efforts of the mothers to keep them warm, the extremi-

ties of the children sometimes become œdematous and frequently assume an almost erysipelatous appearance, feeling quite cold and accompanied with an inability to draw the breast, and marked fall of temperature; but when these children are placed in the incubator an improvement is visible in twenty-four hours, and generally after another twenty-four hours the child seems completely restored. Such children always get wine-whey.—*Medical Journal and Examiner*.

#### ON THE PATHOLOGY AND TREATMENT OF PERNICIOUS ANÆMIA.

Dr. Paul Sandos reports the case of a female patient, aged 31, which presented all the typical symptoms of pernicious anæmia, great pallor, extreme weakness, irregular fever, retinal apoplexy, and disturbances and irregularities of the organs of circulation and digestion.

Blaud's steel pills and pepsine with hydrochloric acid had no effect, and the condition of the patient grew worse. Appetite entirely failed, and the debility became excessive; she was no longer able to sit up in the bed, was listless and apathetic, ceased to reply, and refused any kind of nourishment. The breath was most offensive, the œdema about the ankles had increased, and the pulse rose to 120. A speedily fatal termination was apprehended. Under these circumstances Dr. Sandos resorted to washing out the stomach. Only a small quantity of curdled milk was evacuated, and the washing out was continued until the water passed off perfectly clear.

The patient immediately felt greatly relieved, and was enabled to drink small quantities of milk and beef-tea during the same day. The fever completely ceased after the first washing out the stomach, and never returned. Further washing out improved the general condition of the patient, who left the hospital perfectly well. Dr. Sandos draws from this case the following conclusions:

1. The disturbances of the digestive organs, which occur during the course of pernicious anæmia, and which hitherto were considered as merely symptoms, seem, at least in certain



cases, to be rather the cause itself of the disease.

2. These digestive disturbances very likely set up decomposition and fermentation in the stomach and intestinal canal, the resorption of products of which is able to call forth the symptoms of pernicious anæmia.

3. Washing out the stomach, combined with enteroclysis, seems to be the most adequate treatment of cases originating from this cause.

4. In cases of this kind the designation of the complaint "pernicious anæmia, might be changed into the appropriate term "dyspeptic anæmia."—*London Medical Record*.

#### THE VALUE OF IODOL.

Dr. Assaky has made a number of experiments to determine the value of this compound. It should be a yellow-brownish powder, inodorous when recently prepared, almost insoluble in water, soluble in alcohol, ether, fatty oils, and crystallizable in acetic acid, and should contain from 85 to 89 per centum of iodine.

In Assaky's hands, operation wounds that were dusted over with iodol healed by primary union. In sloughing and suppurating wounds it proved an excellent antiseptic, rapidly drying up all purulent secretion. Since it is not toxic, it may be used in large quantity without inconvenience. Assaky claims that it is highly probable that it destroys pyogenic organisms. It gives excellent results when used in and on wounds having a tendency to ulcerate, and transforms them in a short time into freshly granulating surfaces. While it is a good dressing for indurated chancres, it gives variable results when used on soft chancres.

When taken internally, in doses of from 40 centigrammes to 2 grammes a day, it does not cause functional troubles, even when continued for a long time. It causes slight congestion of the nasal and conjunctival mucous membranes, but this disappears when large doses are taken.

It does not cause albuminuria, but, on the contrary, it has perhaps a curative action in some cases of albuminuria. It has given good results in tertiary syphilitic affections, and in surgical scrofuloses, acting more rapidly than the alkaline iodides.

It may be used in powder, in a glycerol-alcoholic solution, in gauze or iodolated collodion, in ethereal solution, or it may be incorporated with vaseline or lanolin.—*L'Union Médicale—Medical Journal and Examiner*.

UTERINE HEMORRHAGE IN PREGNANCY.—*Parish*.—Case of hemorrhage from the uterus in a woman eight months pregnant. Whether a case of placenta previa or not, Dr. Parish said that the proper treatment here was to put the woman to bed and keep her there, and not allow her to rise from it for any purpose whatever. He advises a physician who has a case of placenta previa, or suspected placenta previa on hand, to provide himself with a Barnes' dilator. In a dangerous hemorrhage, this will not only dilate the os for delivery, but will also act as a tampon. It is not well to keep a dilator in the office as you keep other instruments, because the rubber loses its elasticity in about two months, and is then useless. If you have no dilator, use the tampon; though, of course, only when absolutely necessary. He does not approve of absorbent-cotton for tamponing, as recommended by Parvin; for he says that the cotton, on account of its great attraction for fluids, is likely to favor the hemorrhage rather than to check it. For his own part he prefers a long strip of muslin or linen, such as an ordinary roller bandage, soaked in bi-chloride. Especial care should be taken that the material is tightly packed around the os; then the vagina is to be filled; and finally external pressure kept up by a T bandage. If in delivery it is necessary to perform version, give an anæsthetic, in order to relax the uterus, and thus avoid the laceration of it, otherwise almost certain. After delivery, hypodermic injections of ergot, injections into the uterus of hot water, or even a styptic applied to the internal surface of the uterus, will stop the bleeding if the inertia of the uterus is too great for proper contraction.—*Medical Times*.

ANOTHER CASE OF APPARENT CURE OF CANCER OF THE STOMACH BY CUNDURANGO.—The readers of the *Times* will remember the report of the remarkable results obtained by L. Riess in the Berlin Municipal Hospital with

cundurango in gastric cancer. In the *New Yorker Medizinsche Presse* for April, Dr. Franz Foerster reports four cases presenting all the symptoms of cancer of the stomach which were treated with this drug. In two cases no favorable effect was noticed; in the third he believes that life was prolonged, while in the fourth case a positive and permanent cure resulted. The diagnosis must, of course, remain somewhat in doubt; but the symptoms and physical signs present were strongly indicative of the disease mentioned. The treatment of gastric cancer is in general so entirely hopeless that any addition to our therapeutic resources, which promises even partial relief from the distressing symptoms, is deserving of a hearty welcome. The testimony of all recent writers upon the subject is to the effect that cundurango is well borne in these cases; that it arrests vomiting, reduces the pain and stimulates digestion. With the added hope of producing a cure, an additional reason is presented to give the remedy a trial. Dr. Foerster used a fluid extract of the drug given in half-drachm doses, with syrup, three times a day.—*Medical Times*.

**STERILIZED FOOD FOR INFANTS.**—It is a curious fact that, while all older people are chiefly fed on sterilized food, infants are fed on food peculiarly adapted, by its composition and fluid state, to offer a home to bacteria. In treating some cases of summer diarrhoea, directions were given that all milk used for infants should at once, on receipt, be steamed. After this it was kept covered and on ice, if possible. The result was that the little patients began to pick up, and were soon well. The ordinary milk supply of a large city is a day or more old, slightly acid and contains many growing bacteria. Fresh milk sterilized, or collected sterile and protected from organisms, undergoes no changes, even after the lapse of indefinite periods, except the separation of the fats. If bacteria are present, a great variety of changes may occur. As milk affords such a fine medium for growth, all efforts to rid it of bacteria must be governed by the use of poisons—germicides—or some physical condition inimical to their life. The first method is not admissible in foods, while the other offers little chance of success except by heat. Cold

retards their growth; but does not kill. Boiling is undesirable, but steaming produces but slight changes in the milk, and is efficient.—*American Journal, Medical Science*.

**RUPTURE OF THE RADIAL NERVE, RESULTING FROM A COMPLICATED LUXATION AT THE RIGHT ELBOW JOINT. SUCCESSFUL SECONDARY NERVE SUTURE.**—By Dr. G. Ledderhose, Strassburg.—The author records a case of traumatic division of the radial nerve, with consequent paralysis of all the muscles of the hand and forearm supplied by it. The patient, a woman, aged 32, sustained a compound dislocation backward of the bones of the forearm at the elbow joint on the right side. There was, after reduction, suppuration and consequent fixation of the forearm in the semi-flexed position, with the paralysis above-mentioned. The wounding of the soft parts occurred on the right side of the elbow-joint. Five months after accident the author operated, dissecting out the radial nerve, whose torn extremities were fixed in cicatricial tissue around the joint. The torn ends were pared obliquely, opposed, and sewed directly with silk; the nerve trunk was fixed also by sutures to the surrounding parts. Primary union. Cases of this kind are extremely rare. Hamilton or Drewitz do not mention them in any of their statistics. The soft parts are generally in these luxations injured on the inner side of the joint. It is of little moment whether silk or catgut is used in sewing the nerve. On the other hand, tension of the nerve may be provided against by fixing it as above to the surrounding structures. The first movements in the paralyzed muscles appeared from eight to twelve months after suture of the nerve, corresponding to cases and experience of other authors.—*Zeitschir. f. Chir., in Annals of Surgery*.

**NEW METHOD OF REDUCING STRANGULATED INGUINAL HERNIA.**—G. S. Perro reports successes by the following method:

After the pelvis has been raised on a pillow, and the thigh flexed and abducted, the operator grasps the scrotum and the hernial tumor, bends it slightly over and against the wall of the abdomen, and presses upon it in such a manner that



the index finger of the right hand is carried into the inguinal canal, and in the direction of the horizontal ramus of the pubis by a turning and boring motion. In a short time the strangulated part slips back into the abdomen, and the other part of the hernia follows. By this method Perro has succeeded in reducing six cases of strangulated hernia after his colleagues had spent from twelve to thirty hours in vain attempts at reduction.—*Centralblatt für Chirurgie*.

EFFECTS OF ANTIPYRINE.—M. Laborde, (Academy of Medicine) sums up its physiological or toxic effects as follows:—

1. *Local Effects*—Hypodermically, it produces local anæsthesia, preceded by painful sensations, necessitating combination with cocaine. It is this local action which produces its painful effects upon the digestive mucous membrane, especially when administered fasting. Hence it is best to give it at the beginning of a meal. The intestinal pains and diarrhœa occasionally produced may be also set down to this local action.

M. Germain See, in order to overcome these effects, administers with the antipyrine bicarbonate of soda, seltzer, or other gaseous waters.

2. *General Effects*.—Antipyrine effects the vaso-motor system powerfully, produces erythematous rash, which disappears of itself. By its action upon the nerve centres, are produced also vertigo, sleeplessness, coldness of the extremities, etc.

Germain See administers as much as gr 150-180 per diem, but gr. 45-60 should be the limit, and the appearance of the rash a contra-indication. The aged are especially easily affected by the drug.—*Journal de Médecine*.

MODE OF REDUCTION OF HUMERUS.—Fernandez Abril in *El Genio medico-quirúrgico*, describes a simple process for reducing luxations of the humerus.

Until now it appears that all practitioners have settled themselves (by admitting instinctively as a dogma and teaching it in their methods), on the fact, that the humeral head necessarily rises to meet the glenoid cavity, and not that the cavity should descend to meet the humerus. So it is, that in all their methods the

trunk is fixed and the arm is made to move from its situation by tractions direct or indirect, and more or less skilfully combined, hence the diversity of processes. The capital difference in what I am about to point out consists in this principally—in inverting the proposition—holding the humerus fixed and cautiously separated from the trunk, to make the glenoid cavity descend and not the humeral head. Amongst the advantages for this process he claims.

1. Chloroformisation is not needed.
2. The pain is slight.
3. The time occupied is very short.
4. Skilled assistants are not required, indeed the patient, as it were, becomes the surgeon and the surgeon the assistant.
- 5 Finally it requires no costly and complicated apparatus, a simple crutch being all that is necessary.

Thus, this simple apparatus is placed in the axilla, the patient standing, the surgeon holds the hand of the luxated arm, with moderate force making traction in a downward direction, at the same time telling the patient to permit himself to lean forward as though about to kneel. Nothing further is required. The transverse extremity of the crutch serves as a suitable wedge to roll the luxated bone into its normal position, and the click which is immediately perceived announces the reduction.—*La Cronica Medica*.

OCCIPITO POSTERIOR PRESENTATION CONVERTED INTO AN ANTERIOR BY RECTAL MANIPULATION.—Dr. Carbojal (*Gaceta de Mexico*), relates the case of a multipara, 32 years of age, in labor at term, maternal organs normal, fetus apparently normal and presenting with the occiput right posterior. Labor had continued for 48 hours, the water had not broken and the os was not thoroughly dilated. Three hours later the membranes had ruptured, and the waters escaped. Pains strong and frequent. The os had dilated and was dilatable. Chloroform was given and the hand introduced by the vagina, and a tetanic irregular contraction of the inferior polar zone of the uterus discovered, which prevented the progress of the shoulders, the head being in the second third of the cavity. To overcome this tetanic contraction chloroform

was pushed to profound anæsthesia, and advantage taken of the opportunity afforded, to pass two fingers of the right hand through the relaxed sphincter into the rectum, where the parital portion of the head could be easily touched by directing them towards the right sacro iliac symphysis, and passing beyond this drew the occiput forward and to the right, until it was near the ilio pectineal eminence at the extremity of the transverse diameter of the upper strait. On withdrawing the fingers the head immediately resumed its primitive position. Not having assistance to turn the body by external manipulations, and being unable to accomplish this by the mixed method, forceps were applied and delivery slowly effected. The case is interesting, since it shows that cephalic version may be accomplished by rectal manipulations.—*La Cronica Medica*.

THE SUBCUTANEOUS USE OF ERGOTINE IN DIABETES AND ALBUMINURIA.—According to the observations of Dr. Deheune, ergotine, or ergotinine, given subcutaneously, will cause the temporary and often the permanent disappearance of the glycosuria, polydipsia, polyuria, emaciation, and weakness of diabetes. These symptoms disappear in a regular order; the polyuria and polydipsia disappear after five to eight injections; the glycosuria lessens after the second or third injection, and disappears after the tenth or twelfth. The glycosuria reappears if the treatment be stopped too suddenly. This disappearance is permanent after six or eight weeks of treatment. The injections are perfectly harmless. By this treatment diabetics can be prepared for any surgical operation, particularly cataract. He injects six to ten drops, sometimes more, daily.—*L'Union Médicale*.

TREATMENT OF BILIARY CONCRETIONS — (AFTER JACCOUD).—1. *Treatment of the onset of biliary colic*. To lessen the pains give either subcutaneous injections of morphia (gr. 1/6) or antipyrine (3j during the day) by the mouth or hypodermically. If vomiting be present, use only the hypodermic method. Inhalations of chloroform are dangerous, and must be proscribed.

2. *Subsequent treatment*. In order to destroy

the existing calculi and hinder the formation of others treat as follows :

Ether . . . . . ʒiv

Essence of turpentine . . . . . ʒij

℥℥ Sig. ℥℥ 30-45 daily for 6-8 months. Combine with the above, Carlsbad or Vichy water. As to diet, the food should be simple; fats, spices and farinaceous foods must be forbidden. Moderate exercise should be taken daily.—*Journal de Médecine*.

SULPHUR IN SCIATICA.—Dr. Duchesne mentions in the *Journal de Médecine de Paris* that he some years ago employed with complete and permanent success a method of curing sciatica which is better known in this country than in France—viz., enveloping the limb in a thick coating of flowers of sulphur, spread on flannel. His patient was a middle-aged lady, and a single night of this treatment entirely sufficed to effect her cure. Dr. Duchesne remarks that he was induced to try this method by hearing M. Henri Guéneau de Mussy speak at a meeting of the Société de Thérapeutique of the great satisfaction it had given him when he had practised it in England.—*Lancet*.

ANTIPYRINE IN THE TREATMENT OF SEMINAL EMISSIONS.—Thor, of Bucharest, has been experimenting with antipyrine in the treatment of these affections. He advises the patient to take from seven to fifteen grains of the drug on retiring. In seventeen cases he has completely cured the complaint, without any unpleasant consequences. According to Beart, antipyrine is useful in neurasthenia of the sexual organs; but in these cases from one to two grains a day should be given.—*Revista de Cincia Medicas. Buffalo Medical Journal*.

ANTIPYRINE IN LABOR.—At a meeting of the French Academy of Medicine, a paper by Dr. Queirel was read, in which he claimed that antipyrine is a valuable drug in labor, as it calms the excitement of the parturient woman and lessens her pain. Its influence is most beneficial in the first stage of labor; and it does not interfere with its progress at all.—*Med. and Surg. Reporter*.



## Therapeutical Notes.

FOR IMPETIGO.—Gaucher employs the following pomade :

Boric acid ..... ʒss  
Glycerine of starch ..... ʒi  
M — *Journal de Médecine.*

IODOFORM GAUZE (VIENNA HOSPITAL).—

Iodoform ..... ʒiss  
Glycerine ..... ʒiij  
Alcohol ..... pints 1 ¼

This is sufficient to prepare 11 yards of gauze.—*Journal de Médecine.*

IPECAC IN HÆMOPTYSIS.—Bernabei (*Boll. del. sci. med. di Siena; Gazz. med. ital. Lombard.*) feels confident of always being able to check phthisical hæmoptysis within a few hours by giving two grains of powdered ipecac every fifteen minutes.—*N. Y. Medical Journal.*

FOR HEADACHE OF DYSMENORRHEA.—

Tinct. piscidia erythrina ..... ʒss  
Bromide of lithium ..... ʒss  
Orange flower water ..... ʒiij  
Syrup ..... ʒii  
Teaspoonful dose, to be taken in two days.  
—*La Cronica Medica.*

A HÆMOSTATIC REMEDY.—Huchard (*Therap. Monatsh.*), recommends the following prescription to arrest hemorrhage :

R Ergotin  
Quin. sulph. .... āā 30 gr.  
Pulv. fol. digitalis  
Ext. hyoscy. .... āā 3 gr.  
F. pil., No. xx.

Sig. 5 to 8 to 10 pills daily.—*Medical Chronicle.*

TO EXTRACT TEETH PAINLESSLY.—Hénoque and Frédet (*Soc. de Biol.*), recommend ether in the form of spray in the neighborhood of the external auditory meatus. This acts on the branches of the trigeminal in the face, thus producing anæsthesia sufficient to extract teeth without pain. This method is easy and free from danger. (*Therap Monatsh.*)—*Medical Chronicle.*

FOR ANÆMIC HEADACHE.—

Valerianate of caffein ..... grs. xv  
Croton chloral. .... grs. xxx

For four doses, two to be taken in a day.

Also,

Nitrite of Sodium ..... grs. ii  
Orange flower water ..... ʒiss  
Syrup ..... ʒss

To be taken in two doses during the attack.

—*La Cronica Medica.*

THE BEST SOLVENT FOR CORROSIVE SUBLIMATE.—Garré is quoted by the *Fortschritte der Medicin*, in reporting his experiments on permanent solutions of corrosive sublimate. He found acetic acid the best adjuvant for dissolving corrosive sublimate, as follows :

Acid. acetic concen. .... M 8.  
Hydrarg. bichlor. corros .... gr. 15.  
Aquæ font. .... 1 quart

—*Medical News.*

THE TREATMENT OF FLATULENT DYSPESIA.

—*The Journal de Médecine* of March 11, 1888, gives the following formula :

Bismuth. subnit.,  
Magnesiæ pulv. .... āā gr. 30.  
Belladon. Pulv.,  
Zingib. pulv. .... āā gr. 3.

Mix carefully, and divide into ten powders.

A powder should be taken in peppermint water twice daily.—*Medical News.*

ANTIPYRINE HYPODERMICALLY.—To overcome the intense pain and tenderness which, as a rule, result from the hypodermic use of antipyrine, Dr. Foughay says: "I provide myself with a 50 per cent. solution of antipyrine, of this I three quarters fill my Pravæ syringe (about gr. vi.); then I finish filling the syringe with a 10 per cent. solution of cocaine (about gr. ⅓). I inject when the skin is loose, and by this means the injection is painless, and afterwards the spot pricked is not tender.—*Gazette des Hôpitaux.*

ANTHRAROBIN IN SKIN DISEASES.—Anthrabin is a yellow powder, soluble in 10 parts of pure glycerine, and in 5 parts of absolute alcohol at 100°I. Topically applied it gives a sensation of smarting and stains the skin yellow. Thera-

apeutically it ranks between chrysarobin and pyrozoallic acid. Inferior to the former, superior to the latter, it seems to be exempt from all the inconveniences of the first mentioned. Liebermann and Behrend apply it topically, either in the form of the alcoholic tincture, the saturated glycerine solution, or the pomade, 10 per cent. to 20 per cent. Its indications for use are those of chrysarobin, which are not so well tolerated.—*Journal des Hôpitaux.*

**TAPEWORM CURE.**—Dr. Bettelheim, Vienna (*Centrabl. f. klin. Med.*), recommends keratinised pills, which only dissolve in the small intestine, the seat of the worm. His prescription is as follows:

R Extr. fil. maris. æth.  
Extr. punic. gran. . . . . āā 150 gr.  
Pulv. jalapae . . . . . 45 gr.

M. F. pil. keratinisat, No. 70.

Of these, the patients take 15 to 20 on the day before the "cure." On this day, they likewise fast. On the "cure" day, they take the rest within two or three hours. The "cure" lasts seven to nine hours, without the fast day, and on that day, the patients have to take purgative enemata. (*Deut. med. Woch.*)—*Medical Chronicle.*

**TREATMENT OF PRURITUS VULVÆ.**—Verrier (*Gaz. d. Gyn.*), recommends the following:

R Acid. carbol. . . . . 7½ gr.  
Morphii acet. . . . . 6 gr.  
Acid. hydrochl. dil. . . . . 45 m.  
Glycerin. . . . . 150 m.  
Aq. destill. . . . . 180 m.

A sponge dipped into this lotion is to be applied to the itching spot.

Dr. v. Campe (*Centrabl. f. Chir.*), recommends galvanism—6 to 10 elements of Spamer's small apparatus. He relates a very obstinate case which had been unsuccessfully treated by uterine and vaginal injections, sitz baths, excisions of large pieces of skin, salicylsalvemull, and cocain. Under electric treatment the patient got better, and after 15 applications of 10 minutes each she was cured.—*D. med. Woch.*

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1888.

### ONTARIO MEDICAL ASSOCIATION.

The meeting for this year promises to be one of unusual interest. The following are the subjects selected for discussion:—

Neurasthenia—Dr. D. Clark.

Coroners' Inquests—Dr. J. H. Richardson.

Use of Pessaries—Dr. J. A. Temple.

Bacteria, and their Influence on the Blood and Tissues—Dr. C. Sheard.

Sutures and Sections in Gun-shot Wounds of the Intestines—Dr. W. Oldright.

Laparotomy for Intestinal Obstruction—Dr. L. McFarlane.

Discussion in Surgery. Subject, "Urethral Discharges." Opened by Dr. Grasett.

Discussion in Obstetrics. Opened by Dr. A. A. Macdonald. "The Diagnosis of Obscure Pelvic Ailments."

Discussion in Medicine. Opened by Dr. Mullin, Hamilton. "Malaria as a Cause of Disease."

Discussion on Ophthalmology. Opened by Dr. Burnham. "Some Affections of the Eye of Interest to the General Practitioner."

Papers promised by guests of the Association:—

Dr. Wyeth, New York, "Plastic Operation for the Closure of Urethro-rectal Fistulæ," and "Intestinal Sutures."

Dr. A. W. Johnstone, Danville, Ky., on "Soft Myoma."

Dr. C. C. Rice.

Papers contributed by members:—

"On the so-called Moral Insanity," Dr. Workman,



"Idiopathic Glossitis," Dr. Hunt, Clarksburg.

"Congenital Goitre," Dr. A. F. McKenzie, Wingham.

"Treatment of Inguinal Hernia," Dr. Robinson, Brampton.

"Compound Fracture of Humerus, illustrating Extension as secured by New Modification of Sayre's Short Hip-splint," Dr. C. M. Smith, Orangeville.

"Rest in Neurasthenia," Dr. A. H. Walker, Dundas.

"Craniotomy," Dr. Harrison, Selkirk.

"Intubation of Larynx," Dr. Stark, Hamilton.

"Empyema," Dr. Whiteman, Shakespeare.

"Antiseptic Treatment of Wounds of the Hand," Dr. Olmstead, Hamilton.

"Operation on Bone," Dr. Dupuis, Kingston.

"Notes of Clinical Importance in the Physiological Researches of 1887," Dr. H. A. McCallum, London.

"Leucocythæmia," Dr. McPhedran.

"Life Insurance, and the Relation of Medical Men thereto," Dr. James Thorburn.

"Uterine Electrolytic Apparatus," Dr. A. M. Rosebrugh.

"Puerperal Eclampsia treated by Pilocarpine," Dr. Irving, Kirkton.

"Empyema," Dr. Holmes, Chatham.

## RESULTS OF THE COUNCIL EXAMINATIONS.

The results of the recent examinations of the College of Physicians and Surgeons of Ontario caused consternation, almost amounting to a panic, amongst medical students. Out of 242 primary candidates, 111 were rejected, or about 46 per cent. Out of 167 final, 70 were rejected, or about 44 per cent. The proportion of unfortunates is certainly large, and the question naturally arises—was the examination too severe? The Council demands 50 per cent. as a minimum in each and every subject. The rule in most of the Universities is to demand 50 per cent. as a minimum on the aggregate, and 33 per cent. a minimum on each subject. There is a material difference in these requirements, and we certainly think that 50 per cent. for a minimum at a pass examination is very high.

Sometimes a certain discretionary power is allowed an examining board, and a candidate who has done well on the whole, but has come a little below the standard in one or two subjects may be "marked up" to the required standard. At the last meeting of the Council such power was taken from the examiners, and if a candidate had an average of say 70 per cent. on the aggregate, but had only 48 per cent. on one subject, say chemistry, he must, under this rule, be rejected.

In such a case, however, the board is allowed to report favorably to the Council, and the Council acting on such report may pass the candidate. Unfortunately it happens that the Council would thus be considering the merits of individuals known to them by name, while, on the other hand, the examiners in session are deciding the merits of unknown students with certain designations. We think the Council should choose a board in whom they have perfect confidence, and allow them the usual discretionary powers.

There is a general consensus of opinion that the examiners at the recent examination did their work conscientiously and well, and the results on the whole are satisfactory to the profession. It appears that, with few exceptions, the students who attended faithfully to their practical work in the laboratories and hospitals passed, while those who neglected such work were rejected. It is unfortunate that a few good men failed. Such accidents happen at all examinations, and may depend on such causes as poor health, etc., which cannot be provided for.

## CONVOCATION OF THE MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The first Convocation since the re-establishment of the Medical Faculty of the University of Toronto, was held in the Convocation Hall of the University, on Friday, May 25th. The presence of a large number of physicians from various parts of the province was extremely gratifying to the friends of the Faculty. One of the most interesting features was the appearance of so many candidates for the degree of M.D. We cannot do better in this con-

nection than quote the graceful remarks of the Minister of Education, who expressed his "delight at the long list of men of wide medical experience who came to receive from the Vice-Chancellor the second degree (M.D.), thus dedicating their well won reputations to this college, and evidencing their confidence in it by this action."

After the degrees had been conferred and the medals and scholarships presented, short addresses were delivered by the Dean of the Medical Faculty, Dr. W. T. Aikins; Dr. Richardson, the President of the Medical Alumni Association; Dr. Daniel Clark, Superintendent of the Asylum for Insane, Toronto; Hon. G. W. Ross, Minister of Education; Dr. Wilson, President of University College, and the Vice-Chancellor. A full report of the proceedings appeared in the Toronto daily papers, and there is, therefore, no necessity for us to give a more extended report in our columns.

We have much pleasure in agreeing with the sentiments generally expressed as to the vast importance of the work which is being done by the college. We have to congratulate the University on the brilliant prospects of its re-established Faculty. We hope that the warm sympathy which is shown by the public and the profession, will stimulate the Senate and the Teaching Staff to still greater exertions to elevate the standard and advance higher medical education.

#### SUMMER SESSION FOR MEDICAL STUDENTS.

We understand that the Council will consider the advisability of making attendance of medical students on at least one Summer Session compulsory. We are thoroughly in accord with the views expressed on the subject by the Canada *Lancet* in its May issue. The article referred to strongly recommends the Council to take action in the matter. Attendance on a Summer Course is made compulsory by McGill, and the rule is popular with the students.

There are many reasons for the establishment

of Summer Sessions in Ontario Medical Colleges. An opportunity would be thus afforded for supplementing the ordinary work of the Winter Sessions by courses thoroughly practical in character. Some of the lectures now given during the winter might be transferred to the summer. This would afford some relief to the students who, at present, receive too many didactic lectures during the ordinary sessions. It would be a great boon to those who wish to attend the hospital during a portion of the summer, but are unable to obtain any practical instruction worth mentioning without duly organized Summer Session teaching. It would be in accord with the spirit of the times in giving increased facilities for practical work, and thus advancing medical education in the Dominion.

#### REJECTED.

There is something very sad about being rejected at an examination. It is especially so for the unfortunates, who seldom realize to the fullest extent that justice has been done. The synonyms are various—one is plucked, another is spun; a very sad-looking youth has got left, another didn't get there; one is all up, another is all out; some one else is stranded; and so it goes. By whatever name you call it, the meaning is generally pretty well understood.

When it comes to accounting for the misfortune in each individual case the reasons given are varied. One has been ill, another had hard luck in getting the questions he knew least about, another was nervous. Such reasons as these are so well known that we need not mention more. We beg leave, however, to call attention to another, which is too frequently forgotten—Candidates are frequently plucked because they don't know their work. We hear much about luck; well, when a man is on the border line there is, of course, a chance as to whether he will pass or fail, and such chance may give rise to bad or good luck, as the case may be. Which is the bad and which the good depends a good deal on the way you view the matter. In the interests of the general public, it would be better to have all the doubtful men sent back for further study.



## THE QUEEN'S PARK, TORONTO.

It appears that the lease of the Queen's Park from the University to the city of Toronto has been declared by the courts to be forfeited, after having run for about thirty years. We cannot say that we are surprised at such a termination. Ever since the granting of the lease the city officials have manifested a culpable indifference with regard to carrying out the conditions of the contract, and we believe we are correct in asserting that not one of the conditions in question has been complied with without previous compulsion on the part of the lessors. All remonstrances, however, seem to have been in vain; for no one can assert that an honest effort was ever made towards maintaining the avenues as they were originally, or creating a park such as was intended when the University made its magnificent but mistaken gift. The splendid trees, which once graced the avenues and rendered them the pride and boast of the city, are a thing of the past, thanks to neglect and ignorance; whilst the remainder of the property, which the city undertook to improve and keep as a park, has been turned into a mere common, almost impassable to respectable citizens on account of the rough sport which has been permitted there. Even Sunday in the so-called park is not without its indecent exhibitions, as Monday's paper generally informs us. In the present position of the matter justification of the city is out of the question—even in the Council Chamber one of the Aldermen is reported to have made the significant remark, that "it is not much of a park any way."

Under such circumstances a renewal of the lease on the old terms would be a breach of trust. A lease which was practically a gift was a gross mistake in the first instance. The city had no claim whatever to any such favor, and it is a question if its bestowal was not a breach of trust on the part of the University authorities of the time. True, it was expected that the city would give the institution some substantial support in return, but a few years' dealings with the Council soon undeceived them on that point. Indeed, the whole history of the case goes to show that the city never was, and never should be, entitled to the free use of provincial property of

enormous value; and any disposition to repeat the blunder of thirty years ago will be universally condemned by the friends of the University throughout Ontario.

## MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF TORONTO.

A Medical Alumni Association of the University of Toronto has been formed, and has already received the most encouraging support. The first meeting, held in the University, was a large and enthusiastic one. It was a peculiarly happy circumstance that the oldest medical graduate, Dr. Richardson, was unanimously elected as the first President. It was especially gratifying to see such a large number of graduates outside of Toronto taking an active interest in the organization.

The first dinner of the Association, held on the evening of convocation day, at the Queen's Hotel, was a remarkable success in every way. The President, Dr. Richardson, acted as chairman, and the 1st Vice-President, Dr. Thorburn, filled the vice-chair. It was a pleasant way of completing what will be long remembered as a memorable day in the life of the University.

We predict for the Association a bright future, and hope, that as the medical faculty becomes strong, this Society will also increase in strength, and do much to create a cordial and friendly feeling among the graduates in all parts of the country.

## THE ACTION OF PTOMAINES.

At a recent meeting of the German Surgical Society, in Berlin, some interesting experiments were made by Herr Brieger demonstrating the action of certain ptomaines when injected into inferior animals. "He injected into a rabbit a solution of tetanine, obtained from the amputated arm of a man suffering from tetanus. In about five minutes the animal exhibited all the symptoms characteristic of traumatic tetanus in the human subject.

The injection of a solution of neurine caused first a flow of a thick fluid from the nose; then profuse salivation appeared, and later the ani-

mal suffered from dyspnoea, became paralyzed, and died in convulsions.

The third ptomaine was mytilotoxine, obtained from diseased mussels. When given to a man suffering from tetanus it caused a relaxation of the clonic spasms, but in animals it did not have the same effect. An animal poisoned with this toxine had head-drop, dyspnoea, convulsions, and paralysis."

These experiments would appear to demonstrate that, in some cases at least, the poison produced by bacteria is the cause of trouble rather than the organisms themselves.

#### THE LESLIE DEFENCE FUND.

In addition to the amount reported in our last number, the following gentlemen have subscribed the sums placed opposite their names:—

Dr. I. A. Temple, \$10; Dr. R. A. Reeve, \$10; Dr. Graham, \$10; Dr. Cameron, \$10; Dr. Wagner, \$5; Dr. Thorburn, \$5; Dr. Strathy, \$5; Dr. Burnham, \$5; Dr. Powers, Port Hope, \$5; Dr. W. B. Geikie, \$5; Dr. A. H. Wright, \$5; Dr. A. A. Macdonald, \$5; Dr. Henderson, Kingston, \$5; Dr. Atherton, \$4; Dr. Riordan, \$2; Dr. Hamilton, \$2; Dr. J. Ferguson, \$5; Dr. Ianson, \$1.

We would be glad if those gentlemen, who through procrastination or forgetfulness have not already contributed, would kindly send in their names, together with the amount of their subscription, that the whole matter might be closed by midsummer.

Dr. Thorburn sent the following note, which well represents the feeling of the profession:

I beg to enclose \$5 to the fund of the Leslie trial. I think that we are bound in honor to assist worthy members in resisting wrongs. This case is one that calls upon the profession. I have carefully read the evidence, and consider that there is not anything that could have been done by the most careful and scientific man to have prevented the fatal sequence.

I am, yours truly,

JAMES THORBURN.

May 5th, 1888.

Galt has carried the by-law authorizing the the issue of \$8,000, for a town hospital.

#### SUPPLEMENTAL EXAMINATIONS FOR THE MEDICAL COUNCIL.

In our last issue we urged the advisability of having more than one examination during the year for the Medical Council. We are glad to know that there is a general feeling among the profession in favor of holding a second or supplemental examination in the fall. The Board of Examiners, who should be in the best position to judge, have recommended it, and so far as we know, the members of the Council are inclined to grant it. The rejected candidates will appreciate very highly the action of the Council if they are allowed to present themselves at a second examination this year—say, in the month of October.

#### NOTES.

The *Index Medicus* is not yet self-supporting.

The Japanese are distinguished for their longevity.

The *Nursing Record* is the name of a new weekly journal recently issued in London.

Miss Florence Nightingale is reported to be now an invalid, confined almost entirely to her room.

Medical demonstrations are becoming a popular source of entertainment in Parisian drawing rooms.

Sauin reports a case of epithelioma uteri, caused by the retention of a pessary for eleven years.

Dr. Steigenberger, of Buda-Pesth (Rundschau) reports the infection of a child through the milk of a tuberculous nurse.

Professor Böllinger has published the details of a case of primary actinomycosis of the brain in a patient 26 years of age.

Tenders have been invited for the erection of a Maternity Department in connection with the Winnipeg General Hospital.



The Congress of American Physicians and Surgeons will hold its first session at Washington, September 17th, 18th and 19th.

Our good friend *The Canada Medical and Surgical Journal* is to be re-christened, and will soon be known as *The Montreal Medical Journal*.

The *Wiener Klinische Wochenschrift*, the organ of the Royal Imperial Medical Society of Vienna, appeared for the first time on April 5th. Dr. Riehl is editor. Both Billroth and Bamberger contribute to the first number.

Schücking has seen good results follow injections of iodine and Fowler's solution in cases of subinvolution of the uterus accompanied by a flabby condition of the organ, and resulting displacement, operative interference being rendered unnecessary.

TORONTO GENERAL HOSPITAL.—The total number of patients treated at the hospital during the month of April was an advance over the same month of last year, being in all 986, divided as follows: Resident patients, 424; outdoor, medical and surgical clinic, 383; eye and ear department, 179. There were 25 births in the maternity department, and 17 deaths altogether during the month.

BRITISH COLUMBIA LEADS.—We are informed that of the large class offering themselves for the examination of the Ontario College of Physicians and Surgeons forty per cent. were referred to their studies. In British Columbia, however, all of the candidates who went before the examining board failed to show themselves possessed of the required degree of proficiency. The Pacific province evidently has a Chinese wall erected against incompetent men. Perhaps it would be as well to state that there were but two candidates over there.

THE ETIOLOGY OF DIABETES MELLITUS.—Von Peiper (*Deutsche Med. Woch.*) gives the following history, bearing upon the etiology of diabetes: A maiden, 17 years of age, in perfect health, drank a glass of ice cold water when

greatly heated after dancing at a ball. She again danced, but noticed that her thirst remained unquenched. When she returned home she complained of strangury. She immediately commenced to lose her strength, and in less than five months the urine contained large quantities of sugar. Under treatment, improvement took place in two months.

MEDICAL COUNCIL OF BRITISH COLUMBIA.—At a meeting of the Medical Council, the following officers were elected for the ensuing year: President, Dr. Davie; Vice-President, Dr. McGuickan; Registrar and Secretary, Dr. Milne; Treasurer, Dr. Hannington. Examiners were appointed as follows: Dr. Davie, Surgery; Dr. DeWolf Smith, Medical Jurisprudence; Dr. McGuigan, Physiology and Pathology; Dr. Milne, Midwifery and Diseases of Women and Children; Dr. Powell, Medicine; Dr. Hannington, Materia Medica; Dr. Tunstall, Chemistry and Pathology. It was decided that the next meeting be held in Vancouver in November next.

ETHICS ONCE MORE.—We have been requested to mention what may not be known to all the members of the various medical societies, that it is contrary to the code of ethics adopted by the Ontario Medical Association, to advertise the treatment of special diseases.

The second section, art. 1, third paragraph of the code, reads as follows, viz., "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals *affected with peculiar diseases*. . . . These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Succi, having completed his fast, the Accademia Medico-Fisica of Florence has given him a diploma. The document runs thus (*Lancet*): "We, the undersigned, do certify that Signor Giovanni Succi, of Cesenatico, in the Romagna, African traveller and explorer, has completed at Florence a fast of thirty days—from the midnight of the 1st to the midnight of the 31st of March of this year,—subjecting himself to all the regulations imposed by the Committee of Surveillance created *ad hoc*, and to all the scien-

tific observations of the Commission nominated by this Academy, the result of which will be made *publici juris* at as early a date as possible. We further declare that by his courageous experiment, and by his scrupulous fulfilment of every moral pledge undertaken by him toward us, Signor Succi has deserved well of science."

We are glad to notice that Dr. J. R. Briggs, formerly associate editor of the *Texas Courier Record of Medicine*, has entered upon a new venture in connection with preventive medicine, having undertaken the editorship of the *Texas Health Journal*. This is a monthly publication of 32 pages in magazine form; the first issue being published July 1st, 1888. "The *Journal* will be devoted exclusively to the science of health; keeping constantly before the public mind such rational principles of sanitation and dietetics as experience and observation have taught are conducive to the health, happiness and comfort of a people."

LETTER FROM APOSTOLI.—Among the many flattering letters received by Dr. A. M. Rosebrugh, on the completion of his series of papers on "Electro-therapeutics in Gynecology, which appeared in THE PRACTITIONER, the following from Apostoli will be read with interest:

PARIS, 5 Rue Molière.  
29 Avril, 1888.

*Monsieur et Savant Confrère:*

On vient de me communiquer un de vos articles, paru dans "THE CANADIAN PRACTITIONER" sur mon traitement électrique des tumeurs fibreuses de l'utérus. Il m'a paru si bien fait et si bien écrit que j'ai beaucoup regretté de ne pas avoir la collection complète de tout ce que vous avez publié à ce sujet là. Aussi, je prends la liberté de venir vous le demander et de vous remercier à l'avance de toute la justice que vous m'avez rendue.

Je serais heureux, mon Cher Confrère, que des relations scientifiques suivies s'établissent entre nous et je vous adresse l'expression de mes meilleurs sentiments confraternels.

APOSTOLI.

From the *Mail* of May 19th, we clip the following touching incident, upon which it is quite unnecessary to moralize:—The Ontario

College of Physicians and Surgeons has built a high wall around and about the practice of medicine in this province. Now and then they add another tier, until the struggle to get over the wall is hardly worth the exertion it costs—at least, that is what is being said by many who are anxious to get inside. Occasionally a kicker appears on the scene, shines in full splendor for a brief day, and then is snuffed out in the most unceremonious manner. One of this class illuminated the Police Court yesterday. His name is J. H. Stewart, and he appeared to answer a charge of practising as a medical man without the necessary sheep's skin. The case went against him, and he was fined \$100, with the option of thirty days in gaol. His wife, who was also charged with a breach of the Medical Act, was discharged.

#### LIST OF THE QUALIFIED MEDICAL PRACTITIONERS REGISTERED IN BRITISH COLUMBIA.

Victoria—J. C. Davie, G. A. Dearden, J. L. Hall, F. W. Hall, E. B. C. Hanington, H. Harrison, J. S. Helmcken, J. D. Helmcken, W. Jackson, J. B. Matthews, G. L. Milne, R. R. Morrison, A. McSwain, I. W. Powell, W. Renwick, E. Stevenson, J. A. Duncan.

New Westminster—R. J. Bently, H. M. Cooper, John Garrow, T. S. Hall, J. M. McLean, L. R. McInnes, T. R. McInnes, W. A. D. Smith, C. J. Fagan.

Vancouver—D. L. Beckingsale, J. W. Lefevre, H. E. Langis, W. J. McGuigan, A. M. Robertson, G. F. Bodington, D. B. Irving.

Nanaimo—L. T. Davis, R. S. B. O'Brien, E. A. Praegar, W. W. Walkem.

Wellington—Duncan Eberts, W. H. McN. Jones.

Kamloops—Sibree Clark, Edward Furrier, S. J. Tunstall.

Chilliwack—J. C. Henderson.

Revelstoke—D. L. Mc Alpine.

Spallumacheen—E. J. Offerhaus.

Cowichan—H. Robotham.

Comox—W. Redmond.

Donald—J. A. Sweat, G. Sanson.

Clinton—M. S. Wade.

Barkerville—H. Watt.

B. B. Clarke, W. M. Hendrickson, R. McDougall.



## RESULTS OF RECENT MEDICAL EXAMINATIONS.

## VICTORIA UNIVERSITY.

The following gentlemen have passed the examination for the degree of M.D.C.M.:—Geo. Bell, Samuel McKibbin, John S. Hart, Robert K. Anderson, Chas. B. Langford, Albert W. Stinson, M. E. Gillrie, Thos. H. Little, Geo. A. Dickenson, P. W. Thompson, Jas. A. Cross, Thos. A. Ferguson, G. Silverthorn, J. J. Broad, T. P. Weir, Frank J. Dawson, Wm. C. Barber, John Carruthers, Geo. F. Jones, Silvester N. Young, John Grant, Thos. Webster, R. G. Montgomery, J. C. Patton, W. C. Gilchrist, Geo. R. Watson, J. G. Hutton, D. H. Piper, Walter Hamilton, F. W. Kitchen, J. A. Ross, Opie Sisley, J. A. Millican, J. Tyrrell, J. McGillawee, Lambert Watson, F. J. Bradd, W. R. S. George, Thos. Bulmer.

*Honor List.*—Surgery: Class I.—1, Langford; 2, McKibbin; 3, Little; 4, Dickenson; 5, Anderson, Silverthorn (æq.). Class II.—1, Hart; 2, Stinson; 3, Cross; 4, Gillrie, Ferguson (æq.); 6, Bell, Millican (æq.); 8, Weir.

Medicine: Class I.—1, Dickenson; 2, Bell; 3, Little; 4, Langford; 5, Young; 6, Carruthers; 7, Hart; 8, Stinson. Class II.—1, Patton, Thompson (æq.); 3, Barber, Webster (æq.); 5, McKibbin; 6, Cross, Dawson, Jones (æq.).

Midwifery: Class I.—1, Stinson, Cross (æq.). Class II.—1, Bell; 2, Grant, Webster, Langford (æq.); 5, Barber, Hart (æq.); 7, Anderson; 8, Gilchrist, Carruthers, McKibbin (æq.); 11, Dawson; 12, Montgomery, Kitchen, Broad (æq.).

Medical Jurisprudence: Class I.—1, Gillrie; 2, Anderson, McKibbin (æq.). Class II.—1, Bell; 2, Hart.

Surgical Anatomy: Class I.—1, Stinson; 2, Ferguson, Ivey (æq.); 4, Hart; 5, Anderson; 6, Dickenson; 7, McKibbin; 8, Turnbull, Silverthorn, Gillrie (æq.); 11, Dawson; 12, Tyrrell. Class II.—1, Bell; 2, Hamilton; 3, Gilchrist, Clendenan (æq.); 5, McNaughton, Ross (æq.); 7, Cross, Armstrong (æq.).

*Primary Examination.*—The following have passed the Primary Examination:—J. L. Turnbull, J. A. Ivey, Cole, E. Bull, A. G. Aldrich, T. E. Kaiser, R. C. Dougan, B.A., A. B. Field,

J. D. McNaughton, C. W. Clendenan, W. E. Gimby, J. E. Forfar, C. D. Lockyer, J. H. Gimby, M. Armstrong, S. Douglass, R. Rowan, A. A. Smith, J. S. Harris, J. S. Tweddle.

*Honor List.*—Descriptive Anatomy: Class I.—1, Turnbull; 2, Bull; 3, Kaiser; 4, Ivey; 5, Clendenan; 6, Field. Class II.—1, Dougan; 2, McNaughton; 3, Aldrich.

Physiology: Class I.—1, Turnbull; 2, Ivey; 3, Bull. Class II.—1, Kaiser; 2, Aldrich; 3, Dougan.

Materia Medica and Therapeutics: Class I.—1, Bull, Ivey (æq.); 3, Aldrich, McNaughton, Turnbull (æq.); 6, Field.

Theoretical Chemistry: Class I.—1, Turnbull; 2, Bull. Class II.—1, Kaiser; 2, Field, Aldrich (æq.).

Botany: Class I.—1, Bull. Class II.—1, Turnbull.

Practical Chemistry: Class I.—1, Turnbull; 2, Bull; 3, Aldrich. Class II.—1, Kaiser.

## THE ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS.

*Final Examinations.*—E. C. Arthur, Brighton; A. E. Ardagh, Barrie; C. N. Anderson, Comber; L. Auld, Toronto; G. H. Bowlby, Berlin; G. Bell, Owen Sound; E. R. Bishop, Brantford; D. Bechard, Stony Lake; W. J. Bradley, Ottawa; F. T. Bibby, Brighton; W. C. Barber, Toronto; D. T. Bell, Alliston; L. F. Cline, Springfield; D. M. Campbell, St. Thomas; Miss S. Carson, Strathroy; W. P. Chamberlain, Morrisburg; S. Cummings, Hamilton; J. C. Connell, Kingston; Frank P. Cowan, Toronto; Miss Agnes Crane, Philadelphia; C. P. Conroy, Martintown; W. J. Campeau, Amherstburg; D. W. Campbell, Port Huron; W. H. Chilton, Dunlop; Miss A. Dixon, Kingston; W. H. Downing, Kingston; J. M. Eaton, Lakeview; Elizabeth Embury, Napanee; L. A. Fere, Toronto; J. H. C. F. Fisher, Bailieboro'; A. J. Fisher, Wiarton; C. H. Francey, Gormley; J. G. Ferguson, Cookstown; T. Ferguson, Toronto; J. C. C. Grasett, Simcoe; N. D. Gunne, Seaforth; A. J. Hunter, Rochester, Mich.; A. N. Holson, Innerkip; J. F. Hart, Prescott; W. H. Harris, Canton; C. W. Haentschell, Pembroke; E. H. Horsey, Ottawa; C. B. H. Haurey, St. Thomas; L. J. Hyttenrauch, London; W. H.

Jeffs, Hoords; D. Jamieson, Kars; C. J. W. Karn, Woodstock; D. A. Kidd, Beaverton; J. H. Kennedy, Lindsay; C. B. Langford, Kent Bridge; B. Lammiman, Solina; T. H. Little, Owen Sound; Miss A. Lawyer, Morrisburg; A. Myers, Barrie; W. H. Merritt, St. Catharines; D. C. Myers, Toronto; C. N. Mallory, Escott; J. H. O. Marling, Toronto; P. MacNaughton, Norwood; A. B. Macallum, Toronto; R. D. Moffatt, West Winchester; C. Morrow, Russell; A. J. Macdonnell, Morrisburg; A. W. McCordick, North Gower; J. B. H. McClinton, Black Bank; P. McLaughlin, Dunkeld; Miss M. McKay, Stellarton, N.; E. McGrath, Campbellford; M. A. McLaughlin, Toronto; M. A. McFarlane, Arnprior; J. A. McDonald, Kintail; L. G. McKibbin, Toronto; J. McGillaway, Shakespeare; D. McLennan, Renfrew; D. R. McMartin, Martintown; J. G. McCarthy, Sorel, Que.; D. D. McDonald, North Lancaster; John A. Neff, Springfield; T. O'Neil, Belleville; J. F. Palling, Allandale; J. C. Patton, Toronto; Mrs. A. L. Pickering, Toronto; John Proudfoot, London; P. C. Park, Durham; E. H. Robinson, Hamilton; E. Reavly, Port Robinson; M. Steele, Arm Bank; W. H. Smith, Toronto; E. Sisley, Toronto; J. A. Scott, McIntyre; A. W. Stinson, Codrington; D. J. St. Clair, Ann Arbor, Mich.; R. B. Struthers, Montreal; O. Taylor, Princeton; P. W. Thompson, Toronto; F. G. Thompson, Queensboro'; A. F. Tufford, Aylmer; H. B. Thompson, Barrie; R. E. Towle, Kintore; J. P. Vrooman, Yarker; J. S. Wardlaw, Galt; T. P. Weir, Toronto; G. R. Watson, Woodstock; R. E. Walker, Orillia; A. W. Whitney, Morrisburg.

*Primary*.—Passed with honors: L. F. Baker, Whitby; E. Ball, Weston. Passed: A. G. Aldrich, E. H. Adams, Toronto; J. S. Agar, Chatham; D. Archer, Burketon; Miss M. Agar, Chatham; H. F. Amall, Barrie; C. W. Allingham, Warkworth; T. A. Beaman, Centreville; G. T. Bigelow, Port Perry; Miss M. Brown, Fingal; E. J. Boyes, Miss S. P. Boyle, Toronto; G. D. Cram, Carleton Place; W. J. Campeau, Amherstburg; C. P. Clark, St. Mary's; C. B. Coughlin, Hastings; F. R. Clark, Colborne; D. W. Campbell, Port Huron; C. W. Clendennan, West Toronto; E. M. Copeland, London; R. Clannonhouse, Eganville; G. Cham-

bers, Woodworth; C. B. Carveth, Port Hope; T. S. Cullen, Toronto; W. H. Clutton, Dunlop; — Clerihewein, Brockville; R. P. Dougan, Thorold; S. Douglas, Marsh Hill; Miss A. Dickson, Kingston; F. A. Drake, Cayuga; J. F. Dolan, Belleville; J. E. Forfar, W. J. Fletcher, Toronto; C. E. Hall, Millgrove; A. B. Field, Blackstock; M. Ferguson, Harriston; A. Free-land, Kingston; A. Gaudier, Fort Cologne; N. D. Gunne, Seaforth; J. B. Gamble, Toronto; J. J. Gee, Fisherville; W. A. Grey, Elliott; M. E. Gillrie, Toronto; C. B. H. Haney, St. Thomas; J. Holdcroft, Tweed; D. H. Hutchinson, Ingersoll; W. C. Herriman, Lindsay; G. M. Harrison, Selkirk; R. Hill, Aylmer; L. J. Hyttenrauch, London; Miss M. Hutton, Forest; A. T. Hobbs, London; R. H. Houver, London; A. N. Hayes, Parkhill; R. M. Hillary, Aurora; W. Hamilton, Beaverton; J. A. Jay, Jarvis; A. S. Ironsides, Toronto; Miss E. J. Irvine, Brampton; W. A. Jones, Clandeboye; O. L. Kilbain, Toledo; T. E. Kaiser, Edgely; W. C. Little, Barrie; H. O. Lanfear, Newburg; C. M. Lang, Owen Sound; Miss Ida Lynd, Owen Sound; A. J. MacAuley, Frankford; J. R. MacDonald, Wingham; J. A. MacDonald, Toronto; M. T. MacFarlane, Ridgetown; E. Macklin, London; W. E. Morrison, Elmwood; R. A. MacArthur, Toronto; W. H. Mulligan, Toronto; A. J. Macdonnell, Morrisburg; O. F. Macdonald, Toronto; O. E. McCarty, Belleville; R. McGee, Collingwood; D. K. McQueen, Ripley; J. D. McNaughton, North Keppel; J. W. S. McCullough, Dundalk; W. A. McPherson, Prescott; P. W. H. McKeown, Toronto; J. S. McCarty, Sorel, Quebec; D. D. McDonald, North Lancaster; W. B. Nesbitt, Toronto; John Noble, Arthur; C. B. Oliver, Motherwell; R. H. Orton, Guelph; J. A. Paterson, Port Elgin; C. J. Patterson, Toronto; F. W. Penhall, Guelph; F. Preiss, Tuscarora; W. H. Philip, Waldemar; W. M. Pugh, Milverton; P. C. Park, Durham; L. E. Rice, Embro; R. Rowan, Stouffville; T. B. Richardson, Listowel; E. Reavly, Port Robinson; R. W. Rooney, Shelburne; A. L. Reed, London; C. Sheppard, Toronto; J. L. Smith, Monk; A. M. Spence, Teviotdale; R. B. Struthers, Montreal; R. Striell, Toronto; H. A. Stewart, Toronto; G. A. Shannon, Teviotdale; J. M. Sifton, Thamesford; A. H. Speers, Merton; F. H.



Starr, Brooklin; D. Smith, Belmont; C. L. Starr, Brooklin; W. D. Springer, Nelson; J. R. Stone, Parkdale; W. J. Turnbull, Newton; R. Towle, Kintail; J. F. Wren, Medina; N. Walker, Toronto; H. W. Welch, Toronto; Mrs. H. A. Walker, Pitt's Ferry; F. Walsh, Guelph; A. E. Walker, Toronto; H. T. H. Williams, London; A. A. Weagant, Hoasic; George Wright, Wheatly; F. Zwick, Belleville.

## UNIVERSITY OF TORONTO.

The following is a complete list of the candidates who succeeded in passing the examinations for the degree of M. B.:

W. C. Barber; Geo. Bell, Owen Sound; F. T. Bibby, Brighton; C. Bollen, Port Adelaide, Australia; W. H. Clutton, Dunlop; S. Cummings, Hamilton; F. J. Dawson, Toronto; G. A. Fere, Toronto; J. G. Ferguson, Cookstown; T. A. Ferguson, Toronto; John Grant, Somerville; Walter Hamilton, Beaverton; J. Galloway, Beaverton; T. M. Hardie, Ottawa; G. F. Jones, Balsam; F. W. Kitchen, Paris; C. B. Langford, Kent Bridge; T. H. Little, Owen Sound; A. B. Macallum, Toronto; J. T. Manes, Churchville; J. McGillawee, Shakespeare; A. Ochs, Hespeler; J. C. Patton, Toronto; J. A. Scott, McIntyre; E. Sisley, Toronto; W. H. Smith, Toronto; A. W. Stinson, Codrington; P. W. Thompson, Rosedale; R. E. Towle, Kintore; T. P. Weir, Newburg; J. W. Willmott, Unionville.

The winners of medals and scholarships in the various years are as follows: Gold Medal—G. A. Fere, Trinity. Silver Medal—J. Galloway, Toronto. Third Examination—First Scholarship, J. H. Collins, Toronto; Second Scholarship, G. Chambers, Toronto. Second Examination—First Scholarship, L. F. Barker, Toronto; Second Scholarship, W. H. Philp, Toronto. First Examination—First Scholarship, J. A. Henderson, Toronto, and W. N. Barnhart, Toronto, equal. Second Scholarship, W. H. Langrill, Toronto, and T. W. Schlenker, Toronto, equal.

*The Class Lists.*—Below will be found the standing of the candidates in the Honor Classes and in Class III.:

*Final Examination.*—Medicine, Clinical Medicine, Surgery, Clinical Surgery, Surgical Anatomy, Obstetrics, Gynæcology, Forensic

Medicine, Pathology, and Pathological Histology, Hygiene: W. C. Barber, George Bell, S. Cummings, W. H. Clutton, F. J. Davidson, J. G. Ferguson, John Grant, Walter Hamilton, T. M. Hardie, \*F. W. Kitchen, \*C. B. Langford, T. H. Little, A. B. MacCallum, G. T. Manes, J. McGillawee, \*J. C. Patton, J. A. Scott, †E. Sisley, A. W. Stinson, P. W. Thompson, R. E. Towle, \*T. P. Weir, J. W. Willmott.

*Fourth Year.*—Medicine: Class I.—Galloway, Class II.—Smith, Fere. Class III.—Ochs, Bibby, Bollen, Jones.

Clinical Medicine: Class I.—Smith, Galloway, Fere. Class II.—Ochs, Bibby, Jones. Class III.—Bollen.

Surgery: Class I.—Smith, Galloway, Ochs. Class II.—Fere. Class III.—Bollen, Bibby, Jones.

Clinical Surgery: Class I.—Fere. Class III.—Bollen, Ochs, Bibby, Galloway, Smith, Jones.

Gynæcology: Class I.—Galloway. Class II.—Fere, Ochs, Smith, Bibby. Class III.—Bollen, Jones.

Forensic Medicine: Class I.—Fere, Bibby. Class II.—Galloway, Jones, Smith, Ochs. Class III.—Bollen.

Hygiene: Class I.—Galloway, Fere. Class III.—Ochs, Smith, Jones, Bibby, Bollen.

Medical Psychology: Class I.—Jones. Class II.—Fere, Smith. Class III.—Bollen, Bibby, Ochs, Galloway.

J. A. Ferguson, obtained first-class honors in surgery, second-class honors in medicine and gynæcology, and third-class in clinical medicine, clinical surgery, forensic medicine, hygiene, medical psychology.

*Third Year.*—Medicine: Class I.—M. E. Gillrie, W. A. Smith, J. H. Collins, G. Chambers, A. J. Wilson. Class II.—W. R. G. Phair, C. P. Clark, W. A. Sangster, W. W. Baldwin. Class III.—G. Silverthorn, J. T. Campbell, J. B. Gamble, W. J. Earley, R. H. Palmer, E. Meek, W. J. Armstrong, R. J. Stone, H. McColl, C. J. McNamara.

Clinical Medicine: Class I.—G. Chambers, Collins, Gamble, Baldwin, Smith, Wilson, Clark,

\*Surgical Anatomy taken at previous examinations.

†Ægrotat standing in Pathology and Materia Medica of second examination.

Wigle. Class II.—Campbell, Silverthorn, Palmer. Class III.—Sangster, Armstrong, Meek, Phair, Earley, Gillrie, McColl, McNamara, Stone.

Surgery: Class I.—Smith, Armstrong, Campbell, Meek, Gillrie, Collins, Sangster, McNamara, Chambers, Willson, Phair. Class II.—Gamble, Clark, Silverthorn. Class III.—Wigle, Stone, McColl, Palmer, Earley, Baldwin.

Clinical Surgery: Class I.—Gillrie. Class III.—McColl, Armstrong, Clark, Gamble, Silverthorn, Phair, McNamara, Willson, Meek, Sangster, Smith, Chambers, Baldwin, Campbell, Collins, Earley, Palmer, Wigle.

Surgical Anatomy: Class I.—Chambers, Collins. Class II.—Clark, Earley, Campbell. Class III.—Silverthorn, Armstrong, Smith, Willson, Baldwin, Phair, Gamble, McColl, Palmer, Sangster, Stone, Wigle, McNamara, Meek.

Obstetrics: Class I.—Collins, Chambers, Smith, Wilson. Class II.—Gamble, Sangster, Clark. Class III.—Bibby, Gillrie, Phair, Campbell, Armstrong, Baldwin, Bollen, Wigle, Silverthorn, Palmer, Earley, McNamara, Palmer, Meek, McColl.

Pathology and Pathological Histology: Class I.—Smith, Phair, Wilson, Gamble, Gillrie, Chambers, Collins. Class II.—Sangster, Campbell, Meek. Class III.—Baldwin, Armstrong, Palmer, Stone, Clark, Silverthorn, McNamara, Earley, McColl, Wigle.

Therapeutics: Class I.—Chambers, Collins, Wilson. Class II.—Smith, Phair, Gillrie, Gamble. Class III.—Bollen, Sangster, Meek, Armstrong, Campbell, Wigle, Silverthorn, Stone, Baldwin, McColl, McNamara, Earley, Palmer.

T. A. Ferguson obtained first-class honors in clinical medicine, surgery and pathology; second-class honors in medicine and obstetrics; and third-class honors in clinical surgery, surgical anatomy and therapeutics.

C. McLachlin, obtained second-class honors in clinical medicine, surgery and obstetrics; and third class in medicine, clinical surgery, surgical anatomy, pathology and therapeutics.

To take subjects of the third examination again: Medicine, F. A. Wigle; Clinical Surgery, J. R. Stone.

*Primary Examinations.*—Anatomy, Physiology, Materia Medica, Chemistry, Inorganic,

Organic and Medical, Biology, Histology. E. H. Adams, G. T. Bigelow, †P. Bollen, C. E. Flatt, W. Bryans, \*J. F. Hanley, John Noble, G. A. Shannon, †L. C. Sinclair.

*Second Year.*—Anatomy: Class I.—L. F. Barker, J. S. Agar, M. T. McFarlane, W. C. Morrison, W. H. Philp, C. L. Starr. Class II.—R. A. McArthur, Miss E. J. Irvine, Zwick, W. McGillivray, W. M. Pugh, T. G. Cullen, A. V. Michell, R. A. Gordon, D. H. Hutchinson. Class III.—R. Shiell, W. C. Herriman, J. A. Macdonald, C. B. Carveth, E. F. Bowie, W. L. Bond, R. H. Mason, E. F. Irvine, R. A. Hardie, J. L. Smith, D. Archer, T. Russell, A. S. Ironside, J. A. R. Robinson, P. W. H. McKeown, C. Bollen, N. Watkin, J. H. Burger, J. A. Forfar, R. U. Bray, A. S. Bueglass, W. A. Baker.

Physiology: Class I.—Barker, Morrison. Class II.—Zwick, Bowie, McArthur. Class III.—Bollen, Gordon, Archer, Philp, McKeown, Agar, Ironside, Hutchinson, Robinson, Russell, Carveth, Shiell, Starr, Hardie, Macdonald, McFarlane, Smith, Miss Irvine, Burger, Bond, Bueglass, Herriman, Baker, McGillivray, Forfar, Cullen, Michell, Irwin, Mason, Walker, Pugh.

Materia Medica: Class I.—Barker, Philp, Pugh. Class II.—Morrison, Macdonald, Smith, Zwick, McFarlane, Carveth. Class III.—Cullen, W. R. G. Phair, Hutchinson, Shiell, Agar, Starr, Hardie, Bollen, Forfar, Bond, Ironside, Michell, Archer, Gordon, Baker, Bowie, McLachlin, Irwin, McArthur, Russell, Burger, Earley, Bueglass, Herriman, W. W. Baldwin, Robinson, C. J. McNamara, Miss Irvine, McKeown, McGillivray, Mason, Bray.

Chemistry (Organic and Inorganic).—Class I.—Barker. Class II.—McKeown, Hardie, McArthur, Macdonald. Class III.—Forfar, Gordon, Smith, Starr, Walker, Herriman, Philp, Russell, McFarlane, Hutchinson, Bowie, Robinson, McGillivray, Burger, Miss Irvine, E. Meek, Archer, B. Ironside, Morrison, Bond, Shiell, Mitchell, Bray, Cullen, Carveth, Baker, Zwick. Organic only.—Agar, Bueglass, Irwin, Mason.

Histology: Class I.—Barker. Class II.—

\*To take Organic Chemistry again.

†To take Histology again.

‡Inorganic Chemistry taken at a previous examination.



Philp, McFarlane, Ironside, Morrison, Miss Irvine, Shiell, Pugh, Bowie. Class III.—Agar, Carveth, Starr, Zwick, Hardie, Robinson, Smith, Cullen, Herriman, Archer, Baker, Hutchinson, Bond, McKeown, Mitchell, Macdonald, Gordon, Bray, Burger, Russell, Forfar, McGillivray, Mason, Irwin, Walker, Bueglass.

E. Strain, passed in anatomy, physiology, materia medica, chemistry and histology. C. F. McGillivray, passed in chemistry.

To take subjects of the second examination again.—Physiology, R. V. Bray; materia medica, N. Walker; medical chemistry, J. S. Agar, A. S. Bueglass, E. B. Irwin, R. H. Mason.

*First Year.*—Anatomy: Class I.—1. W. N. Barnhart; 2. W. F. Langrill; 3. J. A. Henderson; 4. C. F. McGillivray; 5. Schlenker, J. Dow, G. P. Macartney, A. W. Heaslip, G. McGorman, R. J. Crawford, G. McKenzie. Class II.—T. S. Bennett, P. McG. Brown, J. Reeves, W. G. Hutt, J. H. Wesley, (æq.), P. A. Gillespie, J. Watson, (æq.), W. L. Hilliard, P. C. Hill, R. S. Whiteley, J. E. Hett. Class III.—Ross, Donald, A. A. Williams, R. L. Langstaff, and F. McConagh, (æq.), J. A. Amyot, and V. Page, (æq.), T. H. Henry, P. W. H. McKeown, G. Wells, B. E. Thompson, J. S. Almas, and O. Teeter, (æq.) F. T. Green, W. R. Hunter, J. H. Closson, A. E. Awde, H. P. Millan, L. H. Campbell, J. Dargavel, and G. K. Shirton (æq.), A. M. Clark, E. J. Gilray, W. J. Senkler, A. Boulton, J. S. McCullough, R. A. McArthur, R. Shiell.

Physiology: Class I.—McGillivray, Amyot, Crawford. Class II.—McGorman, Henderson and Schlenker (æq.), Langrill and Teeter (æq.), Hilliard. Class III.—A. S. Ironside, J. A. R. Robinson, Shiell and Ross (æq.), Clark, Dargavel, Whitney, Reeves and Williams (æq.), Hill, D. L. Heggie, T. T. Cullen, McCartney and Page (last three equal), Hunter, Hutt and McCullough (last three equal), Brown and Thompson (æq.), Gilray, Green and Hett (last three equal), Bennett and Heaslip (æq.), Boulton, Barnhart, McConagh, McKenzie and Watson (last three equal), Henry, Langstaff and Wesley (last three equal), Closson, Dow, Millard, Shirton and Wells (last five equal), Awde and Senkler (æq.), Almas and Gillespie (æq.), D. McLean, Campbell.

Chemistry and Natural Philosophy: Class I.—Barnhart, Henderson, Schlenker. Class II.—Langrill, McCartney and Watson (æq.), McKenzie. Class III.—Bennett, Dow, Henry, Gorman, Ross, Thompson, Shiell, Brown, Amyot, Crawford, Hill and Reeves (æq.), McCullough, Gillespie, Millard, Hutt and Wells (æq.), Hett, Heaslip, McLean, Wesley, Boulton, Clark, Hilliard and Whitley (last three equal), Langstaff and Teeter (æq.), Hunter, McConagh and Williams (last three equal), Gilray, Dargavel, Shirton, Page.

Practical Chemistry only: Class III.—J. S. Agar, R. V. Bray.

Biology: Class I.—Barnhart, Langrill, Amyot, Schlenker. Class II.—Henderson, Williams, Dow, Brown and Clark (æq.). Class III.—Whitley, Ross, Bennett, Hilliard, Closson, Crawford and Hutt (last three æq.), McCartney and Reeves (æq.), Hill and Hunter (æq.), McGorman Langstaff and Teeter (æq.), Shiell, Heaslip and Wesley (æq.), Hett, McKenzie, Shirton, Dargavel and McCullough (æq.), Awde, Campbell and Henry (last three æq.), Thompson, Boulton, Gilray, Watson and Wells (last three æq.), Green and Page (æq.), Gillespie, Senkler, McLean and Millard (æq.), Almas.

Zoology.—Agar, Bray.

G. L. McBride obtained first-class honors in anatomy and passed in physiology, chemistry and biology. J. R. Arthur obtained second-class honors in physiology and passed in anatomy, chemistry and biology. D. F. Webster obtained second-class honors in biology and passed in anatomy, physiology and chemistry. A. E. Clendennan, J. Forest, and J. C. Smith passed in anatomy, physiology, chemistry and biology. R. J. Dwyer passed in anatomy, physiology and biology.

To take subjects of the first examination again: Anatomy, D. McLean; chemistry, J. S. Almas, A. E. Awde, L. H. Campbell, J. H. Closson, R. J. Dwyer, F. T. Green, W. J. Senkler; biology, F. McConagh.

*Primary Examination.*—Anatomy, physiology, materia medica, chemistry—inorganic, organic and medical biology, histology: E. H. Adams, G. F. Bigelow, P. Bollen, U. Brigans, C. E. Flatt, J. F. Hanly, John Noble, G. A. Shannon, L. C. Sinclair.

P. Bollen will take organic chemistry again. J. F. Hanly will take histology again. L. C. Sinclair took inorganic chemistry at a previous examination.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, April 26th.

Dr. Atherton in the chair.

Dr. Caven, for Dr. McPhedran, presented a case with the following history: F. C., aged 32 years, consulted the doctor about an umbilicated sore on each hand which had appeared five days previously. He had been shoeing a horse with a sore foot, accompanied by swelling of the leg, and farcy-like lumps along the abdomen; the nose and throat being, however, free from disease. When examined, both hands were swollen, especially the left, as were also the epitrochlear and axillary glands and the lymphatic vessels along the forearm. A day or so later, a sore appeared on the outer part of the left nostril, with much swelling of the face. Considerable fever occurred for a few days, but the appetite continued good throughout. The sores were cauterized with nitric acid repeatedly, but scabs formed; and the sores extended at the circumference undermining the skin and discharging sanious pus. This continued for some time, when the sores began to cicatrize and healing resulted.

#### SELF-MUTILATION.

Dr. Powell presented both testicles, removed by a man 24 years of age, while in a state of melancholia, with a blunt knife. In addition to this, the man had incised the abdominal wall for some distance, so that the omentum protruded. The wounds were dressed with sublimate gauze, and the patient was doing well in hospital.

Dr. P. H. Bryce then read a most interesting paper entitled *Eczema as a Constitutional Disease*. In discussing the paper,

Dr. Graham expressed the opinion that *eczema*, due to a constitutional cause, might run a local course, the latter outlasting the removal of the former. Gouty people were often ecze-

matous, and under these conditions the treatment of the gouty diathesis may remove the skin affection. An irritable condition of the stomach and bowels will reflexly set up an eczema.

Dr. Acheson contended that the good results obtained by a treatment with saline aperients combined with local applications, went to show that venous congestion was one important cause of eczema.

Dr. Bryce replying, said, he was not inclined to favor the theory of a provoking virus circulating in the blood, but that it was possible for ptomaines, the result of imperfect digestion, to be absorbed and to poison the vaso-motor centre, thus setting up the eczema.

#### ANNUAL MEETING, May 3.

Dr. Nevitt in the chair.

Dr. Powell presented a patient upon whom he had recently operated for

#### HALLUX VALGUS

of the right foot, complicated by a large bunion. The deformity and the bunion had caused the man much pain, and prevented him from steady employment. The operation was performed after the manner of Prof. Hamilton. The head of the metatarsal bone of the great toe being removed piecemeal with the bone forceps. The results were excellent. Fibrous union was hoped for. German surgeons had lately remedied this deformity by removing a portion of the head of the second metatarsal, and so obtaining room for the great toe.

Dr. Machell presented *ovaries and tubes* removed from a patient under his care. There were no adhesions, and the case did well.

Dr. Nevitt, the retiring president, then read his

#### ANNUAL ADDRESS,

giving a *résumé* of the work done, and also some wholesome words of advice for the future. There had been 23 members added during the year; 34 meetings were held; and 14 papers read. The cases and the pathological specimens presented had been very numerous. If

#### WRITTEN CLINICAL HISTORIES

were more frequently read and discussed by the



members, the interest in the meetings would be greatly increased.

The elections then took place, and the following officers were chosen: President, Dr. Machell; 1st Vice-President, Dr. Atherton; 2nd Vice-President, Dr. Spencer; Recording-Secretary, Dr. Cuthbertson; Corresponding-Secretary, Dr. Cane; Treasurer, Dr. Wishart; Councillors, Drs. Graham, Cameron, and Reeve.

#### STATED MEETING, May 10th.

Dr. Machell, the President, in the chair.

Dr. Duncan presented a small growth removed from the first phalanx of the fourth finger of an infant shortly after birth. It was attached by a pedicle simply, to the epidermis, and there was a depression but no rudiment of a nail. He was of the opinion that it might be of the nature of supernumerary digit.

Dr. Sheard opened a discussion on

#### MOTHER'S MARKS.

Dr. Johnson stated that a British army surgeon, in a paper eight years since, put down 85 per cent. of all cases of mother's marks as hereditary. He could not agree that the specimen presented was a rudimentary digit.

#### CARBOLIC ACID IN CARBUNCLE.

Dr. Atherton in three cases of carbuncle lately, had made injections of  $\frac{1}{4}$  xv. of 5 per cent. solution of carbolic acid in the outer border of the hard swelling every three-fourths of an inch apart, previous to making a crucial incision. As a result there was no extension of the disease, and recovery ensued in a few days. The pain in every case was greatly relieved. By the preliminary injection of the acid, its good effect was increased. In one case after incising, he had scraped the diseased tissue away, but the case did not appear benefited thereby.

Dr. Johnson said that in a Kentucky hospital he had seen carbuncles treated by carbolic acid and olive oil (one in three), applied on a probe armed with cotton. Each hole being swabbed out in turn. The poultice used was made up of yolk of egg, honey and flour, and was claimed to be of great service in cases of carbuncle.

Dr. McPhedran asked if Dr. Atherton had found the carbolic acid act as a local anæ-

sthetic in the cases cited. He used the acid with glycerine in earache. It relieved the pain most effectively, and frequently abated inflammation. English surgeons were at present greatly in favor of scraping out carbuncles. The poultice above mentioned could have little virtue else than as due to the heat and moisture.

Dr. Machell had treated a carbuncle of the back of the neck, measuring 9 x 9, with injections of a carbolic solution and applications of collodion. Recovery ensued after five months. The collodion seemed to control the spread of the disease.

#### STATED MEETING, May 17, 1888.

Dr. Machell in the chair.

#### NECROTIC TONSILITIS

was the title of the paper read by Dr. McPhedran, in which he sketched the history of two cases of pseudo-diphtheria, and emphasized the necessity for making careful distinctions between this form and true diphtheria.

Discussion ensued, in which Dr. Ferguson referred to the literature on the subject, and said that this was the phlegmonous sore throat of Dupuyten and Lawrence.

Dr. Carson objected to the wholesale fashion in which many practitioners spoke of all cases of sore throat as diphtheria, thereby frequently causing unnecessary trouble and anxiety.

Dr. Cameron contended that, as in many cases it was impossible to determine for some days what might be a simple tonsillitis or an attack of diphtheria, it was better to err on the side of safety than imperil lives by neglect of precautionary isolation. In regard to the paper, the disease mentioned was merely an old foe under a new name. While the second case was one of phlegmonous sore throat, he was inclined look upon the first as one of diphtheria.

Dr. McPhedran stated in reply that the term necrotic was one applied by Strumpel, and signified that the disease was destructive and yet not diphtheric, accompanied by little swelling or infiltration. The first case was not one of diphtheria, as the disease was very severe, and yet very circumscribed. In his own practice he isolated all cases where there was any room for doubt. According to Jacobi, the exudation of

diphtheria might occur in the crypts of the gland alone, and so avoid the eye. One authority states that it is not necessary in diphtheria to have any deposit.

D. J. G. W.

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### Correspondence.

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To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIR,—A suggestion for the consideration of the gentlemen forming the Council of the College of Physicians and Surgeons, might not come amiss at the present moment, their annual meeting being so near.

For years, with the utmost difficulty, the Council has been able to collect the annual fee of one dollar from those practising in the province. This reluctance to pay, arising from the conviction in the minds of the profession that they received no value in return, which, I am bound to say is not shared by many more conversant with the laborious work they have undertaken and the general results obtained.

Be this, however, as it may, there appears to be a strong feeling that it was not the intention of the Government or the original framers of the Act, to grant privileges to the Council to expend the means at their command in the magnificent structure at present approaching completion, entirely too stupendous for its legitimate labors. The amount of capital and assets now possessed, and unpaid assessments, reaches to a figure quite beyond the expectations of those who were first at the helm; and to judge from the number of applicants for degrees and for the various examinations, annually paying for the privileges of the college, together with those already mentioned as contributing their annual moiety, in a very few years these assets will make the college one of the large monetary institutions of the city, and a temptation to the councillors of the future to divert the surplus into channels not wholly in accord with the intention of the Act.

The Council, as composed during the past few years, has been doing excellent work in stiffening both the entrance and exit examinations, and the profession at large is in hearty sympathy with them in every effort they make in this regard; but there are many other ways

by which much benefit can be given to their constituents other than regulating examinations, and I venture to suggest to them that they set apart annually certain sums, ranging from \$100 to \$500, for special original work in various practical departments of science, the establishment of a series of lectures similar to the Galstonian, Cartwright, Lumlean, and others, to be delivered at their annual meeting, or, if found practical, in each of the five or six principal cities of the province. Then, prize essays on selected topics of practical every-day value to the general practitioner in Ontario, these to be the property of the college, to be by them printed and distributed to every one of its graduates gratuitously, or to those only paying their annual fee.

I venture to say, that every man in the country would be benefited, and would get a fourfold return for his dollar, which, then, he would willingly give. Besides being simply an examining board, as at present, the College, in adopting some such advanced form of post graduate education, would be looked up to, and command the respect the importance of its mission demands. The adoption of a series like the lectures I mention, and their distribution to all those unable to attend and hear them, would mark a departure in the history of the College of liberality and advancement of the science, similar to that which obtains in other large centres of medical education, and do much more to elevate it in the estimation of the profession and the public, than any other single effort in other directions.

Setting apart certain sums as post graduate rewards for original contributions or research in such subjects as, in the opinion of the College council, were of special importance and value to the general practitioner in Canada, would be a great incentive to the whole body of the profession to extend their observations in the directions pointed out by the special subjects, as well as stimulate the efforts of others with the hope of securing the honor of the reward. The value of such encouragement can hardly be estimated; and a spirit of concord and affection between the College and its graduates would be an immediate outcome, which at some future time might be required and not found wanting.



In any of these ways, the College could, to a slight degree, return a value to its members and be fulfilling, in its higher capacity, one of the duties it owes to itself and to its members. Feeling convinced that the only legitimate purpose to which the income of the College can be put is in increasing the sum of knowledge of the whole medical body. There exists, no doubt, in my mind that any departure such as has been suggested here, or on such similar lines, as the wisdom of the Council might adopt; would be supported most cordially by the profession, nor is there any hesitation on my part to respectfully offer them through your columns.

Faithfully yours,

J. E. WHITE.

### THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

#### AIM.

This Association has been formed to provide a Reference Medical Library for the use of the profession throughout the Province. All engaged in original investigation, or desirous of making contributions to medical literature, must have felt in the past the pressing need that existed for such a collection of books, which, as occasion arose, they could consult. Valuable libraries are frequently broken up under the hammer of the auctioneer which should find a fitting resting place upon the shelves of this Institution, and not only confer benefit upon the profession at large, but serve as a lasting memorial to the physicians who laboriously collect them at great expense.

#### ORGANIZATION.

By the concerted action of several bodies representing the profession in Ontario, *i.e.*, the Council of the College of Physicians and Surgeons, the Ontario Medical Association, and the Toronto Medical Society, a committee was appointed in 1887, whose members have secured incorporation under the above title, in compliance with the statute regulating library associations. This provisional board has elected interim officers, and is engaged in the preparation of a constitution and by-laws, which will be submitted to the first annual meeting.

#### FINANCIAL POSITION.

Stock books having been opened, a canvass of the local profession was made, and upwards of \$3,000 have so far been secured. The shares are placed at \$5 each. The nominal capital is \$10,000, all of which, it is hoped, will shortly be subscribed for.

#### LOCATION.

The Council of the College of Physicians and Surgeons has shown its cordial and practical sympathy with the objects of the Association, in placing at its disposal, at a nominal rental, a large and well-lighted room, situated in its magnificent and commodious building, recently erected at the corner of Bay and Richmond Streets, Toronto. This room is on the first floor of the building, adjacent to the elevator, and hence easy of access at all times. It has been provided with shelving also, and is steam-heated.

#### ANNUAL MEETING.

The first annual meeting of shareholders will be held on Wednesday, the 13th of June, at five o'clock in the afternoon, in the Library of the Normal School, during the session of the Ontario Medical Association, so as to give every member of the same an opportunity to be present.

#### OPENING.

It is hoped that arrangements will be so far completed that the library and reading room may be opened by the 1st of July, with a full list of the best medical journals upon the tables, and more than 1,000 volumes upon the shelves. These latter will include complete series of the leading journals for the past fifteen years.

#### MOST PRESSING NEEDS.

Donations of books, journals, reprints, pamphlets, etc., in fact of everything, bearing upon, or treating of medical science, are required, and will be doubly valuable if sent in at once. No publication, however small or seemingly unimportant will come amiss, as they may be used in completing sets, or for the exchange list. Probably every physician in Ontario has some books or journals, which he can easily spare to aid in making this library complete.

The approaching meeting of the Provincial Medical Association will bring many to the city.

It will greatly aid the committee if each physician bring with him whatever he can spare for the library. Donations of books should be directed to the curator, at 259 Simcoe Street, Toronto, and he will be very glad to send to any part of the city for parcels of which he may receive notification by post card.

The Provisional Board of Trustees is composed as follows:

President, Dr. Graham; Vice-Presidents, Drs. Arnott, Burns and Henderson; Secretary, Dr. Wishart; Curator, Dr. N. A. Powell; Treasurer, Dr. McPhedran; Librarian, Dr. R. A. Pyne; Members, Drs. J. W. Roseburgh, Mullin and Nevitt. To any of whom subscriptions or donations of books may be sent.

D. J. GIBB WISHART, Sec'y.

### Book Notices.

*The Professional Reference Lists.* FRED. D. VAN HOREN.

*Abstract of Proceedings of the Michigan State Board of Health.*

*Annual Announcement of the Ontario College of Pharmacy. Thirteenth Term, 1888.*

*Proceedings and Addresses at a Sanitary Convention held at Traverse City, Michigan.*

*Annual Announcement of the Medical Department of the Tulane University of Louisiana.*

*Proceedings of the Canadian Institute, Toronto, April, 1888.* Toronto: The Copp, Clark Co. (Limited).

*The Neural and Psycho-Neural Factor in Gynaeciac Disease.* By C. H. HUGHES, M.D., St. Louis. (Reprint.)

*The Intra-Uterine Stem in the Treatment of Flexions.* By A. REEVES JACKSON, A.M., M.D., Chicago. (Reprint.)

*Infant Feeding, especially with reference to subjects with Infantile Eczema.* By L. DUNCAN BUCKLEY, A.M., M.D. (Reprint.)

*First Annual Report of the Provincial Board of Health of New Brunswick, for year ending Dec. 31st, 1887.* Fredericton, 1888.

*Clinical Notes on Pruritus.* By L. DUNCAN BUCKLEY, A.M., M.D., Attending Physician to the New York Skin and Ear Hospital. (Reprint.)

*Annual Report of the Canadian Institute. Session 1886-7,* being part of Appendix to the Report of the Minister of Education. Ontario: Warwick & Sons, Toronto.

*Nasal Polypus, with Neuralgia, Hay Fever and Asthma, in relation to Ethmoiditis.* By EDWARD WOAKIS, M.D., London. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. Price \$1.25.

For a review notice of the work, see page 138, April number of THE PRACTITIONER.

*A Synopsis of the Physiological Action of Medicines prepared for the use of students of the Medical Department of the University of Pennsylvania with the approval of the Professor of Materia Medica.* By LOUIS STARR, M.D., JAMES B. WALKER M.D., W. M. POWELL M.D. Third edition, interleaved and enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St., 1888; Toronto: Wm. Williamson & Co., 5 King St. West.

The above title gives a good idea of this little book of 72 pages.

*A Compend of Human Physiology.* Especially adapted for the use of medical students. By Albert P. Brubaker A.M., M.D. Demonstrator of Physiology in Jefferson Medical College. Fourth edition, revised and enlarged, with illustrations and a table of physiological constants. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1888.

This compend of physiology is the outgrowth of the author's system of examination in the quiz room during a number of years. A few figures and additional matter have been added to this edition.

Mrs. De Buffington says her husband suffered from suffusion into the plural, but the doctors drew off the water with an exasperator, and now he is incandescent.—*Weekly Med. Review.*



## Personal.

Dr. Arnott, of London, has returned from California.

Dr. James Stewart, of Montreal, sails for Germany on the 9th June.

Dr. J. McKenzie has commenced practice on Dunn Avenue, Parkdale.

Dr. J. H. Lowe has opened a private hospital for ladies at 102 Maitland St.

Dr. Edward, sen., of London, has resigned his seat on the Medical Council of Ontario, owing to ill-health.

The celebrated New York oculist, Dr. F. G. Loring, died suddenly in New York, April 23rd, aged forty-seven.

Dr. Brett, of Banff, formerly of Winnipeg, has been nominated as a candidate for the Northwest Legislature.

Dr. H. G. Mackid, of Seaforth, has passed the examination for the L.R.C.P. & S.Ed., and L.F.P.S. Glasgow.

Dr. Campbell, of Belmont, will shortly move to London, and his place will be taken by Dr. D. M. Campbell, lately of St. Thomas.

Dr. Hans von Hebra, son of the celebrated old professor, has been appointed *Primararzt* for Syphilis and Dermatology in Vienna.

Mr. Clement Lucas was appointed surgeon to Guy's Hospital, in place of Mr. Thomas Bryant, retired, and appointed consulting surgeon.

Dr. J. B. McArthur, of London, has been elected by acclamation to the Medical Council of Ontario, for the Malahide and Tecumseh division in place of Dr. Edwards, resigned.

House Surgeons for General Hospital for coming year:—Dr. W. C. Barber, Georgetown; Dr. A. E. Ardagh, Barrie; Dr. T. P. Weir, Nananee; Dr. C. B. Langford, Kentbridge; Dr. F. P. Cowan, Toronto; Dr. F. G. Thompson, Madoc.

The following gentlemen are expected to attend the meeting of the Ontario Medical Association:—Dr. J. Leonard Coringer, Dr. Wyeth, Dr. G. H. Fox, Dr. C. C. Rice, Dr. Wylie, all of New York; Dr. A. W. Johnstone, Danville, Kentucky, and also our Montreal, Detroit, and Buffalo friends.

MEDICAL ALUMNI ASSOCIATION OF TORONTO UNIVERSITY. — The following officers were elected: President, Dr. J. H. Richardson, Toronto; 1st Vice-President, Dr. Thorburn, Toronto; 2nd Vice, Dr. Tye, Chatham; 3rd Vice, Dr. Eccles, London; 4th Vice, Dr. Rae, Oshawa; 5th Vice, Dr. Shaw, Hamilton; Secretary, Dr. McPhedran, Toronto; Treasurer, Dr. J. F. W. Ross, Toronto. Councillors—Drs. Oldright, Toronto; Burt, Paris; J. H. Cameron, Toronto; C. Barnhardt, Owen Sound; Smale, Wroxeter; Mullin, Hamilton; J. H. Duncan, Chatham; Robinson, Unionville; McLellan, Trenton; Spohn, Penetanguishene.

## Miscellaneous.

INAUGURAL ODE OF THE MEDICAL ALUMNI ASSOCIATION OF TORONTO UNIVERSITY.—By DR. P. H. BRYCE, of this city.\*

*Aliquid pro Nobis Sociis.*

Tempora mutantur et nos illis  
Mutamur: You say but how is this?  
Some old saw sayeth that in seven years  
This *corpus mutabile* once disappears,  
*Disjecta membra* we are thus become;  
Our whole of discrete molecules a sum  
Some raging Eurys then has quickly borne  
North, south and west; as, from us rudely torn,  
Our vital parts have gone, from first to last,  
"Into the infinite azure of the Past."  
But we of primal undefined clay  
*Re* this broad statement must demand our say:  
Of nineteenth century material are we  
And claim our right t' agree or disagree.  
Is it of *epiblast*, of skin and hair,  
That we so quickly become worse of wear?  
An eyelash gone? For this our Dinah weeps  
As in the porridge matutinal it steeps.  
Or epithelial pavement layer, which  
By process osculatory 'll enrich  
The choicest viands of our Dulcinea,  
And form the base of onomatopœia?  
Surely these sages of earth's early prime  
Were sadly out in measurement of time!  
No Ephemerides are we; we lack

\* Delivered at the first Annual Dinner, Queen's Hotel, May 25th.

Their spotted wing, their parti-colored back !  
 Yet some of those old cynics strangely hit  
 Were transcendentalists without knowing it  
 Upon the real essences of things :  
 For *lamina dorsales*, those modal wings  
 Which intum, forming that medullary groove  
 For tissue cerebral whose convolutions move  
 Our higher selves to nobler action, fraught  
 With argosies of good though lofty thought,  
 Are epiblastic too : So it's not strange  
 If our past years, in some thrice seven, should  
     change  
 The thoughts which give the outward seeming  
     to our lives.  
 But in the cells of this to-day survives  
 The impress of those earlier years, to each  
 A life ideal, and to-night we reach,  
 Hand over hand, as men of following years  
 Join hands together, till to each appears  
 In memory the joyance of his college days  
 As one great present, and lingering it stays,  
 Making him strong to act and labor for the good  
 Which, yet, is nascent, though he faintly would  
 See it in his own time, the ripened fruit.

To-night in pleasant mood we here recruit  
 The somewhat worn and tired epiblastic cells,  
 Or what remains of them, in magic spells  
 Cast over us by incense from the fires  
 On Cuban hill-sides set. When such expires—  
 My friends, I pray you, let it not be yet !  
 We'll smoke the homely but more soothing  
     calumet !

THE LIFE OF MATTHEW ARNOLD, FROM A MEDICAL STANDPOINT.—The life and death of Mr. Matthew Arnold have a lesson of hope and a warning for the large number of persons who suffer from heart disease. Twenty-five years ago he consulted Dr.—now Sir Andrew—Clark, and was told he had valvular disease of the heart, but advised that if he exercised reasonable care it need not at all interfere with his career. For many years he rigidly adhered to the recommendations as to regimen and exertion which were given to him, and it is interesting and encouraging to recall that all his serious work in criticism, education, and theology was done within the last twenty-five years. His reports and essays on middle-class education, the *Essays*

in *Criticism, Literature, and Dogma*, all belong to this period. Such a life is a striking proof that heart disease, even of a type generally accounted serious—for Mr. Arnold had disease of the mitral and aortic valves—need not interfere with the labors or the enjoyments of a successful career, provided only that the limitations and moderate restrictions to which the individual must submit are frankly recognized. Emboldened by long impunity, patients are disposed to come to believe that the precautions have been unnecessary, and to relax their vigilance at the very time when the approach of old age renders all more or less liable to weakness of the heart. The Arnold family are a remarkable instance of family predisposition to disease of particular structures; the father of Dr. Arnold, of Rugby, Dr. Arnold himself, and now two of his sons, have all succumbed to chronic heart disease.—*British Medical Journal*.

## Births, Marriages, and Deaths.

### BIRTHS.

MCPHEDRAN.—On April 26th, at 84 College Avenue, the wife of Dr. Alexander McPhedran of a son.

PHILLIPS.—On Friday, the 27th of April, at 67 Ross Street, Winnipeg, the wife of T. Graham Phillips, M.D., of a daughter.

STUART.—On the 28th of April, at Newmarket, Ont., the wife of Dr. A. Stuart of a son.

### MARRIAGES.

LOGAN-JACOBI.—On May 2nd, at Ardoch, Dakota, by the Rev. W. T. Parsons, Dr. J. Ramsie Logan, of Grand Forks, Dakota, second son of the Rev. Wm. Logan, Fenelon Falls, to Lillian, eldest daughter of E. R. Jacobi, manager of the Bank of Ardoch.

MELDRUM-LITTLE.—On the 9th of May, at the residence of the bride's father, Princeton, Ont., Dr. J. A. Meldrum, of Stratford, to Lizzie, daughter of Rev. James Little.

### DEATHS.

CORBETT.—On Tuesday, May 8, at Port Hope, Susan Rutledge, beloved wife of Dr. R. A. Corbett, aged 50 years and 7 months.

McPHATTER.—On the 8th of May, at Guelph, Maud Mary, the beloved wife of N. L. McPhatter, M.D., aged 24 years and 6 months.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, JULY, 1888.

## Original Communications.

### NEURASTHENIA.

BY DR. D. CLARK,

Medical Superintendent of the Asylum for the Insane, Toronto.

(Read at Meeting of Ontario Medical Association,  
June, 1888.)

The name *neurasthenia*, or *neurastropia*, is as good as any term we can use to describe this nervous disorder. The class of patients to which this formidable word can be applied is very large, and is growing larger day by day in this nerve-exhausting age. The patient's mind is "centred all in self." The woes and aches and pains such endure—real or imaginary—and which are recited to the physician with wearisome reiteration, are legion. The old story is to such ever new. The history of these multi-form afflictions becomes an old friend in its familiarity. The weary doctor in his rejoinder can only *encore* his previous homily to relieve the recurring distress. This sad recital is repeated from week to week, and from month to month, until recovery or insanity has taken place. The concentration of thought on all the varied moods and feelings which the patient may possess intensifies the mental pain and aggravates the nervous condition. We know in our own experience how much mental anxiety or anguish depresses physical function. Fear is more distressing than pain, and tugs at the heart-strings with greater intensity. Out of this class come the many suicides who are not

insane, and who leave behind them sensible but woeful epistles to friends or acquaintances.

In medical literature this condition has been given many names, such as *cerebrasthenia*, *brain exhaustion*, *general debility*, *nerve starvation*, "run down," poverty of blood, spinal irritation, and other terms "too numerous to mention." This disease is not to be confounded with *hypochondria*, *hysteria*, or *insanity*. Each of these conditions is well marked and easily discerned by any observant physician. The morbid fears of insanity are usually definite and permanent, and accompanied by delusions, which are fixedly believed in by the insane patient. The *neurasthenic*, on the other hand, will tell you how unfounded are their extravagant ideas, and that they can temporarily banish these vagaries, but only to return again, like the swing of a pendulum. These ever-recurring whims pull down the physical energy, and the bodily depreciation reacts on the mental until the nerve masses and the physical activity are mutually put out of gear for the time. The functional want of harmony is bordering on the pathological.

The morbid fears of people thus nervously unstrung are as varied as are the individuals. The list of their fancies and wild imaginings is endless. All are based on some groundless alarm in respect to themselves or in their relation to others. Men full of energy and push succumb to the depression. "Enterprises of great pith and moment," which in their best estate they would have gloried, without waver-

ing, to have carried through successfully, now paralyze them in mere contemplation. The brain debility conjures up lions in the way, or mountains too high to climb over. The fears and forebodings of indefinable evil about to come, the unnatural and morbid dread of impending adverse circumstances have been the means of bringing about commercial or business disaster before friends see that worry of months, and it may be of years, has been drawing on the patient's stock. The reserves of the nervous system, which we all have in store for emergencies, have been consumed, and the fagged-out system has no alternative but capitulation, which it never does without a struggle.

The neurasthenic may be divided into three classes:

1st. Those who complain of general weariness, becoming easily tired, having poor or capricious appetites, being restless, yet look fairly nourished and healthy.

2nd. Those who are evidently feeble. They are usually pale, thin, and show generally a waste of tissue and a breaking-down without any evident local disease.

3rd. This class contains those in which we find a hysterical condition and anæmia, especially in chlorotic females.

It is well, however, in all such cases not to jump too hastily at conclusions, lest organic and local disease should exist, and the nerve conditions only prove to be symptoms indicating permanent trouble, which may need special and direct treatment. I have made mistakes myself in this direction, and many cases have come under my care in which my professional brethren have been guilty of the same sins of omission. Be thorough in your examinations.

All these phenomena are defects, outside of brain disease, of a permanent character. The identity is not present, but the family resemblance is striking in this brood of evils which border on insanity. The want of sleep, followed by a low power of thinking in the pursuit of daily business; the weakening of the power of attention and a desire to wander from necessary thought; a shrinkage from doing a business which heretofore was a delight; be-

coming abnormally wearied in mind when doing routine and ordinary work; not the natural facility to put ideas into words, and an unnaturalness of temper in respect to small matters and on small occasions; and change of manners and feelings to near friends and relatives without any just reason, are cardinal characteristics.

We often meet with the other psychical extremes, such as unusual and constant buoyancy of spirits, mental exhilaration not natural, loquacity and flightiness, which are observed by everyone except by the individual himself. So marked are these changes of character, that many such are accused of having become drunkards. The accusers do not know that these symptoms are signals of distress. The indecision of will, the bewildered judgment, the lack of self-control and of discretion, the excitement alternating with unaccountable mental depression may be only temporary and evanescent, or they may be "coming events casting their shadows before."

If there is any hereditary taint of insanity, or any serious neurosis existing, then these evidences of physical and mental deterioration are not to be lightly thought of, for any such condition may evoke from latent tendencies active diseases of an alarming character. The deficient mental control of sane people thus afflicted is a psychological study of great interest. They know how absurd are their fears and forebodings, yet no reasoning can shake them off or remove the general nervousness. The hopelessness, the silly fancies, the unnatural dread of being in company or of being alone, the fear of contamination in many ways undreamed of when well, the undefined terror on walking certain streets or living in isolated houses, and the general sense of ill-being with a dread of something vague about to happen, are only a few of the many psychical conditions found in the neurasthenic. The most pronounced manifestations underlying these morbidly tinged conceptions and misconceptions are timidity, irresolution, and constant irritability of manners and speech not natural to the person. This state of feeling has a defined period of invasion, and has not been gradually acquired through daily experience and repetition, nor is



it a congenital trait of character. This abnormal condition is often the primary stage of insanity. It is interesting to note how conversely we often find insane convalescents show merely this modification of mental weakness in the last stages before recovery. Just as the colors of the rainbow, or those of the spectrum analysis, blend into one another so imperceptibly that no boundary between each shade can be located, so it is often difficult to know by observation, or to define in language, where the dividing line is in many cases, between that disease we call insanity and nerve-starvation. It is not, however, *a fixed physical disease, and does not affect and control abnormally the language and conduct of an individual*, as in insanity. The physical condition is not to be overlooked. We often find abnormal dryness of the skin and mucous membranes, tenderness of the spine in circumscribed places, as, we often find in hysterical women. Complaints of feeling heaviness of the loins and limbs; shooting pains simulating those of ataxy, irritable heart-action, best known by a tremulous, variable pulse accompanied by palpitation and it may be intermissions of beats, mostly the third and fifth beats. Convulsive movements, especially on going to sleep, which have often been mistaken for nocturnal epilepsy; localized hyper-æsthesia; sudden giving out of general or special functions; temporary paresis, or it may be paralysis, and *generally a feeling of profound exhaustion unaccompanied by positive pain*. Some graphically say: "They have a feeling of *goneness*."

It need scarcely be added that these signs and symptoms, as a whole, are not to be found in any one patient, nor are all enumerated in the above recital. When the imagination has full sweep, based upon feeble or no impressions, then has it "no pent-up Utica." The usual diagnostic and differential skill will enable anyone readily to distinguish this disease from either hysteria or ordinary anæmia. It is not chiefly found to exist in naturally nervous persons.

A patient may be plethoric and muscular—not necessarily anæmic, and yet have impoverishment of the nervous system. *Neuratropia exists* chiefly in patients between the ages of 25 and 50 years. Its presence does not depend on any important

recognizable organic disease. I have found in a majority of cases a full, normal pulse, but sometimes it is very rapid, or abnormally slow, with a fluttering feeling under the finger. There is no cardiac disease present in most cases, and the face may look the picture of health. The patients will often apologize for their satisfactory appearance. In spite of apparent strength, such are easily fatigued by mental exertion, and complain of giving out long before the usual time of resting. The memory is often temporarily weakened; consecutive thinking, intense attention, or sustained mental activity of any kind, is found to be impossible, even when there is no muscular fatigue. It is at this stage, when insomnia is complained of, usually to be followed by mental depression and by distressing forebodings of some impending calamity, which they cannot define. It is a general sense of ill-being and *ill-happening*. It is common to both sexes, but is more common in the male sex. A frequent mistake is made by medical men in attempting to lecture such patients out of their notions about themselves. This will only deepen the morbidity and intensify the evil. It is best to accept the evil as a fact, but to raise hopes for the future in a *sunshiny* way. This is mental therapeutics.

No two cases can be treated alike. If it is a case merely of brain exhaustion, then our main reliance must be upon vigorous out-door exercise and light mental exertion. The muscular and organic life can do much through activity in bracing up the nerve centres. If we have an anæmic case, or one in which there is evidently exhaustion of the cord, especially in chlorotic women, then absolute rest and quiet are indicated. Digestive power and hygiene are our auxiliaries. I am a great believer in the "gospel of fatness," or alimentation—not over-feeding, but what the system can fully assimilate. It is nerve nutrition which we have to do with, hence the necessary pabulum must be provided. Such usually recover but gradually, and so slowly as to discourage patient, friends and physician. The fact is, that all nerve deterioration needs a protracted time to recuperate, and it is well to set out in treatment with this understanding by all, that this depressing condition has invaded the nervous system by slow ap-

proaches, and that it will leave the seat of disease with reluctance, under the most favorable circumstances. It is necessary to start out with a large stock of patience in treating such cases.

A close catechising of a number of young persons has led me to believe that this abnormal condition is often brought about, or at least intensified, by worry, the vicious habit of self-abuse, or from syphilis. It is also well to make minute enquiry as to the existence of the mild form of epilepsy, especially of the nocturnal or *larvated* or masked variety, which is often overlooked, yet by its enervating shocks not only does it pull the system down, but also keeps it prostrated when the mischief is done. A rigid enquiry on these points is of paramount importance in diagnosis of many cases. I am inclined to think that the abnormal mental conditions are always secondary, and that the primary trouble is in the sympathetic and spinal systems.

The constant complaints of unusual sensations in one or more of the abdominal organs are evidences of this. The heart's irregularity, the atonic dyspepsia, the obstinate costiveness, the kidney derangement, and the temporary dyspnoea, all point to these great nerve centres as the efficient causes of these derangements.

If we keep in mind that in the neurasthenic we have mostly to do with reflexes of the sympathetic and spinal cord, including all the organs to which nerve stimulation is given from these centres of influence and control, we can understand how varied must be the symptomology of this generic disease. If we add to these disturbing causes a tendency to insanity, or at least find a nervous diathesis predominating, then, of necessity must our prognosis be less favorable. I have found that those who usually complain of pain in the back, show that the spinal nerve function is temporarily deranged. This fact is evident when we find the oxalates, the urates, and uric acid in excess. These are present only as results, and are not pathognomonic, as in oxaluria, because on a return of tonicity in the nervous system these abnormalities disappear. They are at first only signals of distress, which warn us of graver evils should the disease intensify and continue. The pathology of the disease is not yet fully determined. It may be a

change in the *quality* or *quantity* of blood supply to the nervous system, it may be an impoverishment of nerve force, it may be bad nutrition from low power of assimilation, one or all of these causes, or others yet unknown, would account for the exhaustion, the positive pain, the unsteadiness, the fluctuating character of the morbid sensations and phenomena. Whatever may be the *cause* or causes, the result is nerve starvation, the cry is for more food and for more reserve energy:

Let me summarize the treatment :

- 1st. Rest and cheerfulness for the anæmic.
- 2nd. Outdoor exercise and work for the plethoric and sedative.
- 3rd. Fresh air, substantial food and absolute cleanliness for both classes, as a rule.
- 4th. No chloral, no opium, no alcohol ; in short, no artificial stimulant, soporific or narcotic, of any kind. Three hours of natural sleep or rest have in them more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest only murder natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation.

5th. Any employment which will have a tendency to divert the mind away from self-contemplation and, in short, seeking relief by the law of substitution.

6th. I find the best remedies are such as the arsenites, cod liver oil, zinc phosphidi, ferri pyrophosphate, nux vomica, bromides with caffeine, zinc oxide with ergot, and such like.

These tonics and calmatives assist nature to seek again the old paths. Allow me to add a word of warning to the younger members of our profession. If sedatives, or narcotics, or stimulants are administered, it is well to mask them as much as possible. We all know their seductive power, and I have been told by dozens of victims to the alcohol, chloral or opium habit, that the first knowledge they had of the pleasurable potency of such drugs was received from the family physicians. After their visits ceased the remedy became a luxury, and the druggist was applied to for the material to inflict infinite injury to many a valuable life. My method has been to use some menstruum



which would disguise the taste and smell of these drugs and to maintain a stubborn silence as to their presence in my prescriptions. This warning is given here, as there is a great temptation to use them in neurasthenic cases, in which are found insomnia, local pain, and mental distress.

### REPORT OF A CASE OF UTERINE HYDATIDS.

BY DR. JOHN L. BRAY, CHATHAM.

(Read at meeting of Ontario Medical Association, June, 1888.)

April 10th, 1888, was consulted by Mrs. T., a lady aged 46, who complained of general debility, sickness of the stomach, loss of appetite, etc.; said she had not seen anything for seven weeks, but before that was quite regular, and thought it must be change of life. I suggested that she might be pregnant, but she laughed at the idea, her youngest child being six years of age. I gave her a tonic and told her to call in a day or two.

15th.—She came to see me, but was no better. I told her I thought she must be pregnant, as her stomach was so irritable, and with that idea gave her cerium oxalate, lactopeptine, with beef, iron and wine.

20th.—Was called to see her; found her flowing, but not much. Examined the uterus; os contracted; no enlargement of the abdomen. Told her she was going to abort; ordered her to stay in bed, and take cold drinks, etc.

22nd.—Flowing quite freely; no clots; gave *Fd. ext. ergot*, which made her very sick; ordered whiskey and milk, and to keep quiet.

24th.—Still flowing, but not to any extent; os contracted, and uterus enlarged to the size of an orange.

30th.—Uterus very much larger; some pain in back; stomach very irritable; not flowing much, but getting weaker; thought she must be flowing, and that it was retained in the form of clots, or that there was some obstruction to its free discharge, which would account for the rapid enlargement of the abdomen; to continue milk and whiskey; she kept about the same till May 6th, when I found her heart so weak that I became alarmed and asked for a consultation.

Dr. Tye saw her with me that evening; he thought at first it might be an *hematocele*; however, we concluded to introduce a sound, which I did without any difficulty for seven inches, meeting no resistance. At this we were puzzled, as we could not form a diagnosis, but thought the uterus might be filled with clots, but how to account for their formation and retention was something we could not determine. However, as she was not flowing externally, we concluded to apply a tight bandage and leave her for a day or two before dilating the os. In the meantime I used suppositories of *ergotine*, and gave her plenty of stimulants and *peptonized milk*. About 24 hours after introducing the sound pains came on, which kept increasing till about noon of the 8th, when I was sent for. On examining the os I found it *patulous*, and could introduce the point of my finger. I concluded to dilate, and did so with my fingers until I could feel a soft yielding substance that felt like *placenta*; it was *tenacious*, but I broke it up and removed some which looked like *fish spay*, and which I thought were *hydatids*. I continued to dilate the os, and removed altogether about three quarts of this substance; and after I got that all away I peeled off *placenta* as large as my hand, and left the uterus completely empty. I then gave some *ergotine*, the uterus contracted, there was a little discharge for five or six days, the stomach regained its tone, and she was able to sit up in ten days, and made a rapid recovery.

Some fifteen years previous, patient had same thing; was confined to bed for over six weeks with continued flow; the abdomen enlarged enormously, the feet and legs were much swollen (not at all this time); she could retain nothing, and had all the same symptoms as in my case; after being in bed over six weeks pains came on, the os dilated, and a large quantity of stuff which she said looked like *fish spay* was expelled. This was about Christmas; she continued to flow till April, when a large piece of flesh, as she said (presumably *placenta*), was expelled, and she then slowly recovered, but not before she had lost an enormous quantity of blood, which left her in a weak condition for more than a year. Prior to that she had two children, and was attended by your honored ex-

president, Dr. Richardson, and, as no doubt the doctor will remember the patient, I shall be happy if he will give the Society his experience of this interesting case. Since then she has had four children, all of which I delivered with no complications.

This, to me, gentlemen, was a very interesting and instructive case, and one that occurs so rarely that a man may practise a lifetime without meeting with such a one. At any rate, it is the first I have met with in over twenty-five years' practice, and, I must acknowledge, it puzzled me not a little. It might be asked why I did not introduce the sound before, but in answer to that I will say that at first I thought it was a case of threatened abortion, and I did not feel justified in so doing. But when the uterus enlarged so rapidly, I was sure there must be something more than a fœtus there. Again, I was not certain that it was in the uterus; was quite certain that it was not a fibroid tumor, as the growth was too rapid for anything of that kind; and my own opinion, which was also shared by Dr. Tye, was that it was a case of hematocele. This diagnosis was strengthened, first, by the extreme weakness, and, second, by the very rapid enlargement, it only taking about three weeks to reach the size it did, which was as large as a woman would be at six or seven months, and it was only after introducing the sound that we knew it was not an hematocele, neither was it a fibroid growth. But what it was we did not know, and it is to this point which I wish to draw your attention, viz., the difficulty of diagnosis in these cases without dilating the os, and making a digital examination, which you should always be very careful in doing, and be positively sure that you were not going to rupture membranes and bring on premature labor, an instance of which came under my notice not long ago, when a practitioner made this mistake, which I might say was exactly what the patient desired.

The average number of illegitimate births in Paris in one week is 286. Of ten thousand births in the Vienna maternity department, in one year ninety-five per cent. were illegitimate, while in Prague, the per centage is stated to be ninety-six.

## THE PAST YEAR'S WORK ON PHYSIOLOGY AND HISTOLOGY HAVING A PATHOLOGICAL OR CLINICAL BEARING.

BY DR. H. M'CALLUM, LONDON.

(Read at meeting of Ontario Medical Association, 1888.)

Let us consider the subjects under the following heads:—

1. *Respiratory Physiology*.—In this field, two facts can be considered worthy of our attention, i.e., certain experiments on the pleura and Von Fleische's theory of the heart-beat aiding the oxidation of the blood. A certain London physician (*New York Medical Record*), in experimenting on a large number of living dogs by opening the pleural cavity, found that collapse of the corresponding lung occurred in a very small percentage of cases. But if the dog were dead for any length of time before the operation, the corresponding lung invariably collapsed. He offers the following explanation that the pleural secretion has the power of keeping the pleural surfaces in apposition during life. Our former teaching in Physiology has done much to retard the surgical treatment of the disease of the pleuræ, by warning the student and surgeon that opening this cavity would be followed by collapse of the lung.

With regard to the heart-beat aiding the oxidation of the blood, Professor Von Fleische, of Vienna, has lately advanced the theory that the jar given by the heart to the blood is an important factor in freeing the latter of carbon dioxide. He bases this theory on the law of physics. That a fluid holding a gas in solution, or weak chemical combination having suction applied to its surface, will very readily give off its gas if it be subjected to a smart blow. This would lead one to believe that blows to the chest in a feeble heart, would aid in the elimination of carbonic dioxide.

2. *Cardiac Physiology*.—Much work has been done in America by Mills of Montreal, and Martin of Baltimore, in this department. Mills' paper, read before the Canada Medical Association, on a plea for a better cardiac pathology, did not receive the credit it deserved. Da Costa's recent discovery in pathological anatomy of a nervous origin to the heart complications



in Bright's disease was well foretold by Mills in this paper. Prof. H. Newell Martin, of Baltimore, has demonstrated by carefully conducted experiments on the coronary arteries of the heart that they fill by blood pressure alone, and their pulsation is simultaneous with that of the carotid. It must follow, therefore, that in disease of the aortic valves, whilst good blood pressure is being maintained, there can be no degenerative changes in the heart muscle unless the coronary arteries are themselves affected.

Gaskell (*Jour. Physio.* Vol. VII., p. 451), makes some interesting investigations into the electrical changes of a quiescent cardiac muscle. He maintains all tissues are supplied by two sorts of nerves, which he named Anabolic and Catabolic. The function of the first is inhibition, of the second contraction. These ideas he attempts to confirm by vagus stimulation. Stimulation of the vagus in the neck of an animal provokes a positive variation in the muscle of the auricle; while contraction of the same muscle is accompanied by negative (electrical) variation. By using a small dose of atropine in a partly detached portion of auricle (heart of a tortoise), paralyzing the inhibitory action, and operating during repose, the positive variation was prevented when the nerve was stimulated. By the anabolic process, Gaskell means that the muscle fibre is undergoing nutrition, and that while so doing it is incapable of work. Inhibition means, therefore, storage of nutrition in the muscle fibre, while contraction or catabolism breaks down the products of nutrition. Inhibition of the heart being a nutritive process, would not frequent electrical stimulation of the vagus be proper treatment for degenerative changes in the heart muscle?

3. *Digestion.*—Bacteria, in relation to digestion, have been receiving a goodly share of attention. Pasteur published in August last, his researches (*L'Union Médicale*, Aug. 1887), on seventeen kinds of bacteria (found in the mouth), on articles of diet. Seven dissolved albumin, ten fibrin, six casein and seven partly converted sugar into alcohol. Pasteur's conclusions were that many micro-organisms were useful in digestion. But these conclusions stop short of the truth. True enough, bacteria convert proteids into soluble material, but this

material will not only fail to nourish, but in many cases act, as an irritant poison to the tissues. These toxic products of mycology are now known by the name of Ptomaines. Since Pasteur found and cultivated six of these bacteria from the fecal matter, there can be little doubt that ptomaines are generated in a healthy intestinal canal, though more freely in catarrhal condition. How, then, is a toxic condition prevented in a normal body? Roger, of Paris, (*Gazette des Hôpitaux*, 1887), has proved that ptomaines and medical alkaloids are destroyed to a great extent in the liver; so much so, that the latter are twice as potent given subcutaneously as by the portal vein. Rogers brought forward facts to prove it was the glycogen which exercises this protective function. The liver is not the only organ said to possess antitoxic function. McNum (*Brit. Med. Jour.*, Jan. 1888), works up a claim for the suprarenal capsules. German Physiologists have been advancing a similar claim for the thyroid gland.

Lauder Brunton (disorders of digestion), has a peculiar explanation for the bitterness of bile (which he asserts is not always bitter), *i.e.*, it is bitter by virtue of the ptomaines it contains (all cadaveric alkaloids being bitter). He goes further, and asserts that all symptoms of jaundice are due to the ptomaines in the absorbed bile. This, if true, and there is good reason to think so, would throw light on many a clinical feature in liver disorders.

Another matter of clinical interest is Lagendorff's studies on sugar formation in the liver (*Archiv. für Physiologie*, 1886). It is well known that strychnine and curare produce when administered to animals artificial diabetes. Lagendorff found this due to the action of these therapeutic reagents on a nervous centre. For, when the spinal cord was destroyed about the fourth dorsal vertebra in frogs, these drugs fail to produce diabetes. If this region were intact, but the other parts of the nervous system destroyed, strychnine operated in producing diabetes. This points to a nerve centre which calls the liver cells into activity, or produces vasodilation of the liver capillaries. This is not all, for the production of diabetes by strychnine the presence of the liver is necessary, while curare will act without its presence, and the

amount of sugar excreted is as great when the liver is removed, as when it is present.

Before leaving the subject of digestion, I would like to draw attention to Bunge's views on the assimilation of iron (*Zeitschrift für Phys. Chemie*, 1885). He found an albuminate of iron in the yolk of eggs, milk, etc., which was very stable, only strong chemical agents setting the iron free. Sulphuretted hydrogen and sulphide of ammonia separate the iron as an oxide in a couple of hours at body heat. He named this albumin Hæmatogin, believing that it gives rise to the hæmoglobin of the blood. Working on this line, Bunge assumes that in anæmia this albumin is decomposed—the iron being converted into an inorganic compound which cannot as such be assimilated by the system. Putrescent changes in the food stuffs, in catarrhal conditions effect this decomposition by generating sulphuretted hydrogen, etc. Bunge considers that iron administered in anæmia is not absorbed and assimilated, but combines with sulph. hydrogen, etc., etc., and so protects hæmatogin of the food from decomposition. He finds a proof in the good effect of intestinal antiseptics in anæmia.

In regard to the occurrence of iron in the body, Zalewski's experiments are of importance (*Zeitschrift für Physi. Chemie*, 1887). He isolated the combinations of iron occurring in the liver, and found that the combinations could be put under two classes: one, the organic, which occurs in very small quantities in the liver cells themselves, and easily detectable; the other in which the iron is held in very strong combination, and needs powerful reagents to separate it. The latter compounds were obtained from the nucleus, and presented all the characters of the nuclein class of compounds. These experiments of Zalewski raise the question whether iron is not present in the nucleus of every living cell. Its presence in the nucleus, and its combination with nuclein which has been so well termed, the "ground substance of life," points strongly to the view that iron is absolutely essential to the life processes of the cells. The old view was, that iron entered into combination with Hæmoglobin only in the economy. At the present time, researches show that Hæmoglobin is a degradation product

of a constituent of the nucleus holding iron in combination. The tendency of research has been to show that iron does not enter the body in the form of ordinary salts, but in combination with such complex proteids as nuclein, and that only vegetable protoplasm is capable of effecting a combination between albumin and iron.

4. *Blood*.—Gaglio (*Arch. für Anat. and Phys.*, 1886), established the occurrence of lactic acid in the blood of normal rabbits, to the extent of .05 per cent. (in dogs .08 per cent). Berlinerblau (*Arch. für Experim. Pathologie*, 1887), also finds that lactic acid is normally present in human blood. We have yet to discover its relation to rheumatism and rachitis. In this field of physiology there has been no better worker than Prof. Osler. His views that the white blood corpuscles do not develop into red, and that the function of the blood plaques of Osler is the generation of the fibrin ferment, are now generally accepted by physiologists.

5. *Urine*.—Posner (*Arch. für Anat. and Physiologie*), maintains that albumins, more especially peptones, are present in the urine of every individual; but the amount is so small that their presence can only be demonstrated after concentrating the urine by evaporation.

6. *Histology*.—Great improvements have been made in the methods and reagents in staining, hardening and fixing tissues. Fleming and Strassburger have done an immense amount of work on the cell, but it was left for Carnoy to complete these studies. He makes four divisions of cell protoplasm: (1) the granules or chromatine bodies, (2) connecting rods between these chromatine bodies in the nucleus he named caryoplasma, (3) these connections without the nucleus he named cytoplasma, (4) the fluid in the cell he named enchylema. He rightly asserts that the chromatine bodies are the seat of life. They are diminished after secretion and exhaustion, and absent in slow death of the cell, as may be seen in cell death from amyloid, colloid, or mucoid degeneration. In the light of this histology, I think there can be no doubt that amyloid material is the enchylema or lifeless fluid, plasma holding ptomaine in weak chemical combination or solution,



the latter giving the diagnostic color with certain staining reagents.

One more point. When I have referred to the late work done on the nerve terminations, I have done (I have not touched on the late physiology of the nervous system). Pflüger, of Germany, demonstrated the nerves entering into the cells of the parotid gland. McCallum, of Toronto University, demonstrated the nerve terminations in the epidermis and liver. In each of these he found the ultimate endings were in the network of the cell or nucleus.

The abnormal relation of the cell to the nervous system, I feel sure, will yet be the pathology of carcinoma.

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### Selections.

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KOUMISSED PEPTONES.—Dr. Anderson says, concerning koumissed peptones, that it is milk, or milk and other foods. By the action of pepsin, of pancreatine, or of both, it is almost completely digested, and thereby converted into peptone, or still further split up, then made into koumiss. In the process of peptonizing, about twenty-five per cent. of water is driven off, and none is previously added. Koumissed peptones are, therefore, of about fifty per cent. greater food value than ordinary koumiss. They are more fluid, have a sediment of far greater impalpability, and are incomparably more digestible and easily assimilable than ordinary koumiss, or even than Russian fermented mares' milk. It is of especial use in the irritable and adynamic types of wasting disease; and can be, and has been, taken and retained when all other foods, ordinary koumiss not excepted, have been rejected. Valuable lives have been saved, which would have been lost but for its administration. For years past cane sugar has seldom been used by him. In the preparation of ordinary foods, grape sugar, and sometimes sugar of milk, has replaced cane sugar, on the ground of the disagreeable eructative and fermentative action the latter exerts when administered. This cannot be so great in the matter of koumiss, yet he has substituted honey for cane sugar, and principally for the following reasons: Honey is a more

wholesome, more nourishing, more digestible, and more physiological food than cane sugar; it produces a koumiss having a finer sedimentary deposits, increases the beauty and delicacy of flavor, and delays or prevents its becoming caseous. Koumissed peptones are, equally with koumiss, the vehicles for the administration of such of the most important therapeutic agencies as are of use, particularly in wasting diseases. But such medicinal agents are not added where the beauty and delicacy of flavor of either the koumiss or koumissed peptones are in any appreciable degree interfered with.—*The British Medical Journal*.

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ON THE USE OF CREOLIN AS A CONVENIENT DISINFECTANT IN MIDWIFERY. (*Centralblatt für Gynäkologie*. By Kortüm.—The author recommends creolin as an antiseptic in midwifery, and has already recorded his success with it in surgical practice (*Berliner klin Wochenschrift*). He has found it especially useful in cases of ruptured perinæum. It acts as a styptic while the rent is being sewn up; and by dressing the wound with compresses dipped in a half per cent. solution, and bathing it with the same, Kortüm has found that it keeps more cleanly and less irritated than with any other application he has tried. It has a great advantage over all other antiseptics in not being a poison. It is freely soluble in water, so that the mucous membrane or a wound cannot be irritated because a drop or so is not dissolved, as is sometimes the case with solutions of carbolic acid. Its color and strong tarry odor afford a ready indication whether disinfection has been successfully effected or not, and so give it an advantage over corrosive sublimate. It may be used in solutions of half per cent. to two per cent., and may be safely entrusted to midwives and the laity.—*Med. Chron.*

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DOGS IN THE LYING-IN ROOM.—The newspapers of last Tuesday contained a short account of an attack made upon a Boston physician, while performing his duties as an *accoucheur*, by a bull-mastiff, which, until the birth of the child, had lain quietly in the corner of the room. Attracted or excited by the cries of the infant who

was in the physician's hands, the animal made a savage spring, it was supposed, at the child, but the doctor was quick enough to interpose his arm, which was seized by the dog. The child was taken by the frightened nurse and thus rescued from a severe injury, if not from death. Not so the physician, who was badly bitten in several places, and it was not until after a severe struggle, in which he was aided by his assistant, whose services had been necessary to anæsthetize the patient, that the animal was overpowered and killed by strangulation. Whatever may be the effect of the wounds inflicted by the dog, and we trust they will not be of a serious nature, the lesson is one by which all may profit to the exclusion of dogs from the lying-in room. The instincts of the animal, particularly of the breed named, lead it to attack, not only other animals, but, on occasions, even children and grown-up persons; and it is not to be wondered at that the cries of a newly born infant should arouse it to a state of fury liable to jeopardize the life of the child or of any person who stood, as did the *accoucheur*, between it and the object of its attack.—*N. Y. Medical Journal*.

**SUBPERITONEAL PELVIC ABSCESSSES AND LAPAROTOMY.**—By M. Terrillon (Paris). Abscesses of the pelvis having their origin in the genital organs of the female form two groups, from the point of view of surgical interference. In the one are ranged those which, arising in the neighborhood of the uterus, spread under the peritoneum, raising it up and reaching beneath the abdominal wall, generally above the pubes and at the side of the iliac fossa. These abscesses can then be opened without danger and without touching the peritoneum. Sometimes, even when they do not come in contact with the wall of the abdomen, one can, as Hegar has shown, detach the peritoneum by a surgical operation, and attach them without opening that membrane. A few point at the side of the vagina and can be opened at that spot. In the other variety—more rare and more serious—the abscess is developed at the side of the uterus, and projects into the cavity of the pelvis. It is partly free in this cavity, like an ovarian tumor, but joined by one side to the posterior aspect of the broad ligament

and to the border of the uterus. It ordinarily opens in the rectum or sometimes in the bladder. It empties itself badly and becomes chronic and fistulous. Sometimes it ruptures into the peritoneum. In these cases we can reach the abscess, neither by the vagina—for that is dangerous—nor by the rectum, for fear of provoking serious troubles. Lawson Tait has proposed to operate upon them by laparotomy. After opening the peritoneum the purulent sac is united to the abdominal wall, opened and cleaned out. It is then freely drained, washed out every day, and is cured in a few weeks. M. Terrillon has recently performed the operation in three cases, two of them with success, and the third would have been certainly successful, if he had been able to interfere before rupture of the abscess had taken place into the peritoneal cavity.—*Bull. Med.—Med. An.*

**CHANTEMESSE AND VIDAL ON INOCULATION AGAINST TYPHOID FEVER.**—For some months the experimenters have studied, with an end to vaccination, the *role* of soluble substances produced by the typhoid bacillus, and isolated from the living virus. Fresh mice seldom resist a dose of virulent typhoid culture, while mice which have been subjected to preventive treatment, generally resist inoculation. This treatment consists of a single inoculation of the soluble chemical element, elaborated by the typhoid bacillus. The quantity of soluble material increases with the age of the culture. The immunity appears only after some hours, and is effective for some time, the exact period being as yet undetermined.—*La Tribune Médicale.—Medical Analectic*.

**CANCER AND VEGETARIANISM.**—A German contemporary calls attention to the rarity of cancer among vegetarians, which is attributed to the predominance of alkaline salts, especially those of potash, in the blood of animals fed exclusively on food derived from the vegetable world. The diminution in the quantity of fibrin and analogous bodies is said to retard the growth of neoplasms by restricting their nutrition.—*Press and Circular*.



**MOIST HEAT AFTER OPERATIONS FOR SENILE GANGRENE.**—The author narrates a case of Lisfranc's amputation, and draws the following conclusions :

1st. In an enfeebled subject the healing process is greatly assisted by artificially supplying moist heat to the part, thereby stimulating the capillary circulation from the outset. I think a poultice may bring about primary union and prevent phagedena.

2nd. In enfeebled subjects we can assist nature in nourishing skin grafts by stimulating the local capillary circulation through the agency of moist heat.

3rd. Skin grafts should be  $\frac{1}{8}$  by  $\frac{1}{2}$  inch, if not larger, and should be applied freshly cut, directly to the freshened and bleeding surface of the wound, thus making use of the fibrin of the blood to secure the grafts in position.—F. Hewel, *Internat. Jour. of Surg. and Antiseptics*.

**SALICYLATE OF MAGNESIUM IN TYPHOID FEVER.**—This salt is easily prepared by dissolving salicylic acid in distilled water and saturating the boiling solution with carbonate of magnesium, when crystals of the salt may be obtained in needles, readily soluble in water and alcohol, and both colorless and odorless. Huchard gives it in doses of from 40 to 80 grains daily, and it is not contraindicated by diarrhoea, since it is but slightly laxative even in large doses. It appears to act as an antithermic and as an intestinal antiseptic.—*Paris Medical. — Medical Review*.

**TREATMENT OF ECLAMPSIA.**—Pajot's method in this trouble is as follows: Never induce premature labor. If the attack comes on during labor, treat medicinally only and do absolutely nothing until the os is dilated. When the os is dilated, the uterus must be emptied of its contents as rapidly as possible, without using any violence. Delivery is to be accomplished in the ordinary way, and the medical treatment is to be continued after the accouchement. The more frequent the attacks, the greater the liability to death; and, inversely, the less frequent the attacks, the more chance there is of saving the patient.—*St. Louis Med. and Surg. Jour.*

**CHLOROFORM vs. ETHER IN EUROPE: DEATH FROM THE LATTER IN HAMBURG.**—Dr. Sands, of New York, spent a month with Schede, of Hamburg, and being a partisan of ether against chloroform, he undertook to convert Schede by showing him how to use the former anæsthetic.

The case was that of a woman of about 38, afflicted with uterine cancer. Sands, who as you know is recognized as one of our best American surgeons, sent to London and got an ether-bag and the apparatus necessary for the administration of the anæsthetic, and also secured an article of the very purest and best in the way of ether. He and his son, Dr. Sands, Jr. began the administration in the presence of Schede and eight other prominent surgeons. In less than four minutes the patient was dead—so very dead that all means at revivification—artificial respiration, even tracheotomy and forced air, were of no avail. The *post-mortem* showed normal heart, lungs and brain, in short nothing abnormal or pathological but the cancer of the uterus.

The French and Germans as you know, have never taken kindly to ether, using it but very little, and if this incident will keep them from using it at all in the future they are to be congratulated. I cannot, myself, understand how anybody who has ever used chloroform can become a convert to ether. It takes a good deal of prejudice, even to make those who have been its advocates stick to it, and I am glad to say all of my observations and experiences of this trip tend to show that it is gradually going out of use abroad. Take the world over, and chloroform is now administered five times where ether is resorted to once. There have consequently been a few more deaths, in the gross, accredited to chloroform within the past year, over those attributable to ether, but when the number of times each was used is taken into consideration, ether has been far the more fatal. I think chloroform is dangerous only when there is grave organic disease of the heart, or in persons addicted to whiskey.—*St. Louis Med. and Surg. Jour.*

The University of Padua has been bequeathed, by Prof. Tito Vanzetti, the distinguished surgeon, \$20,000 and a superb library.

## Therapeutical Notes.

### AN ANÆSTHETIC FOR MINOR OPERATIONS.

—The *Revue de Thérapeutique* of May 1st, 1888, gives the following convenient mixture :

Chloroform,  
Spirits of wine,  
Cologne water ..... equal parts.  
To be inhaled for transient anæsthesta.

A PRESCRIPTION FOR SEA-SICKNESS.—Rouquette prescribes :

Antipyrin ..... gr. 75  
Cocain. hydrochlorat ..... gr.  $1\frac{1}{2}$   
Caffein ..... gr. 4  
Strych. sulphat ..... gr.  $\frac{3}{2}$   
Cognac .....  $\bar{5}$   $2\frac{1}{2}$   
Aqua destillat ..... ad  $\bar{5}$  25

A teaspoonful before embarking, followed by two during the twenty-four hours : when at sea, three teaspoonfuls daily.—*Revue de Thérapeutique*.—*Med News*.

ANTHRAROBIN—A NEW REMEDY FOR SKIN DISEASES.—The chemical characteristics of the new remedy, anthrarobin, were set forth originally by Prof. Liebermann, but the first study of its physiological actions was made by Jaffé and Darmstädter. It has similar properties to chrysarobin and pyrogallie acid ; but it is less active than the former, and stronger than the latter. The following are formulæ proposed by Behrend (*Therapeut. Monatshefte*) :

Anthrarobini ..... 10 parts.  
Ol. olivæ ..... 30 “  
Lanolini ..... 60 “ —M.  
Ft. ung. 10 per cent.

Anthrarobini ..... 10 parts.  
Alcohol ..... 90 “ —M.

Anthrarobini ..... 10 parts.  
Boracis ..... 8 “  
Aq. destil. .... 80 “

He has used anthrarobin with success in psoriasis, herpes tonsurans, and other parasitic skin diseases.—*American Journal of the Medical Sciences*.

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1888.

### THE ONTARIO MEDICAL COUNCIL.

The recent meeting of the College of Physicians and Surgeons of Ontario, was not, in any sense, a very remarkable one. The members were fortunate in being able to elect their officers without a division. Dr. Burns, of Toronto, Vice-president of last year, received the high honor of his election to the Presidency of this year without even rumors of any opposition. It was thought at one time that there would be a contest between Dr. Cranston, of Arnprior, and Dr. Moore, of Brockville, for the Vice-presidency. We understand, however, that Dr. Moore refused to allow his name to come before the meeting. To both President and Vice-president, we offer our hearty congratulations upon the honors they have so worthily won.

Most of the work done was of a routine character. The number of appeals and petitions, from the vast army of those recently rejected, was large. After a great deal of discussion—why so much, no one seems to know—the Council decided simply to accept the report of the Examining Board. It appears to us that it should not require many seconds to arrive at such a decision as this if they have confidence in their Board.

There was considerable discussion over the curriculum and proposed changes in the same, but no alterations of any importance were made. A very worthy and conscientious member proposed that the Council should take the matriculation examinations in their own hands. We can see no object in such a change, which



would bring back the old system, which was at the time considered unsatisfactory, and were, therefore, pleased to see that the motion received but little support.

The standard required from candidates for matriculation at the examinations is considerably higher than any which has previously existed. It is surely well to give the new order of things a fair trial before inaugurating any radical changes.

It was a matter of general regret that the magnificent new building was not completed; but, as one of the reports will show, the examination hall was ready for the spring examinations, and the Council hall was well equipped for the recent session. The question of reciprocity with the Mother Country was carefully considered by the Council, but no conclusion was reached. In a future issue we will have something to say on this very important subject.

#### MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The recent meeting of the Ontario Medical Association, held in Toronto, June 13th and 14th, was one of the largest, and, at the same time, one of the poorest ever known in the history of the Society. Some of the papers were below the average standard, and many of the discussions were even worse. Why this should be so we can scarcely tell. Probably it was partly accident; if so, it is an unpleasant one. Why is it that our younger graduates do not consider it worth their while to take the trouble to write papers? Are they do-dos, or are they over-weighted by that commendable virtue—modesty?

We understand that some consumed so much time in working up medical constitutional law, whereby they were able to puzzle the President, that they were compelled to neglect the more prosy and commonplace subjects of general medicine. Others were so fully occupied in looking after their neighbor's sign-boards and methods of advertising, that they had no time for less congenial pursuits. To such we would say, that life is too short to carry out such in-

vestigations at any length. We tried that ourselves a few years ago, and found that the signs and advertisements increased faster than the doctors, and that is needless. Others, we fear, were too lazy and indifferent, and examples of this class might be found near home.

Considering all the aspects of the case, we are induced to ask for a change next year. The enthusiastic experts in ethics have, we hope, done some work which will do much good in the future. Certainly reforms in this respect are sadly needed; but we trust we will not have to spend much time over this subject for many years to come.

It is easy, of course, to find fault, and we have no ambition to excel in that direction. It is only just to say that some excellent papers were presented. At the same time it was unfortunate that the discussions were so few and brief on many important subjects brought before the meeting. The President, with a commendable desire to get through the programme, frequently discouraged discussions. This was unfortunate, even though the exigencies of the circumstances appeared to demand it.

We are glad to say, in a general way, that the affairs of the Association are in a very flourish-condition. Its success is assured, notwithstanding drawbacks which may appear from time to time. We wish all success to the new officers in their efforts to organize a grand meeting for next year. Let us, one and all, extend to them a loyal and hearty support. If we do we feel certain the results will quite come up to our hopes and expectations.

#### THE EXAMINING BOARD OF THE MEDICAL COUNCIL.

It is well that only a few changes in the *personnel* of the Board of Examiners have been found necessary. As Dr. McArthur, of London, had become a member of the Council, it was necessary to supply his place on the Board, and, as a consequence, Dr. Burt, of Paris, was appointed Examiner in Midwifery. Dr. O'Reilly, of the Toronto General Hospital, and Dr. Hooper, of the Kingston Hospital, were appointed assistant Examiners in Clinical Sur-

gery and Medicine respectively. These appointments will meet with general approbation.

We regret that we cannot speak in such favorable terms of the only remaining new appointment, *i.e.*, Dr. J. A. Grant, Jun., of Ottawa, as Examiner of Physiology, in the place of Dr. H. P. Wright, resigned. Has this gentleman shown any eminent or any other kind of fitness for this very important and responsible position? Will Dr. Cranston, who has generally exhibited such good judgment in matters pertaining to the Council, and who, we hope, will be our next President, kindly explain his reasons for supporting that gentleman? Will many others who voted for him, give us some good reasons for so doing? Was it because he was a son of Sir James Grant, and a citizen of Ottawa?

The profession will, without doubt, always continue to have the highest respect for Sir James, and will probably be glad to see Ottawa well represented on all occasions, but the doctors of this Province are heartily tired of seeing such important positions filled through purely personal or local considerations.

This journal has always supported the Council loyally, but at the same time has always insisted that only men thoroughly versed in the various subjects should be examiners. It is no disparagement to any man in general practice, to say he is unfit to examine in such a subject as Physiology, when we consider that there are probably not six men, outside of our teaching bodies, in Ontario, qualified for the position. Dr. Grant is a worthy young practitioner, according to all accounts, and, so far as we know, could take some final subject with credit to himself and the profession; but we fear that in the present instance an injustice has been done to him, as well as intending candidates for examination in Physiology.

#### SUPPLEMENTAL EXAMINATION BY THE COUNCIL.

We are more than pleased with the decision of the Council to hold a supplemental examination in the fall. We are surprised to know that there was a very strong opposition to such an arrangement, and it was finally passed by a bare

majority of one. It is said that a few members are anxious to place all possible obstacles in the way of the students, simply for the purpose of reducing the numbers of intending doctors.

This narrow and selfish view, if carried too far, might end in making the profession a huge "combine," with possibly unfortunate results. The Council has been none too strong in the past; it is stronger to-day than it ever was; but let it guard against abusing its powers. The Council will continue to receive a loyal support from the profession and the general public so long as it continues to conduct medical matters wisely, and keep up a reasonable standard, or even keep advancing in that direction.

If our young men are willing to fulfil all the requirements, let the members of the Council show a feeling of sympathy and fair play, rather than throw obstacles in the way simply for obstructive purposes. If the members of the profession, whether in or out of the Council, fear the advent of our young graduates, let them work with increased zeal to keep up with the times. A spirit of exclusiveness is unfair and ungenerous, and generally reacts disastrously upon those who indulge in it.

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#### THAT GALLANT COUNCIL.

The age of chivalry is not past and gone. The Medical Council of Ontario, has shown that the gallantry of the knights of old is unquenched and unquenchable. A female doctor, educated in the United States, having a Normal School certificate about thirty years old, a certificate of a science course at Hillsdale, wherever that is, and a degree from somewhere else, wished to be registered as a matriculant, and have her Hillsdale chemistry allowed at her primary examination. Under ordinary circumstances, such candidates are compelled to take the whole primary and final examination, after taking a complete course in some Ontario Medical College. The reply of the Council was—"yes—we'll give you what you ask and something more—we'll allow you the whole primary examination." Why they didn't allow the final as well, has not yet transpired? This is the only blot on their worthy spirit of chivalry.



### THE VICE-CHANCELLOR'S ADDRESS ON COMMENCEMENT DAY.

It is generally admitted that the speech of Mr. Mulock, the Vice-Chancellor, who presided at the University Convocation, June 13th, was one of the ablest ever delivered in that hall. In referring to the Medical Faculty he spoke as follows :

"As you are already aware this University has, during the last year, taken an important step in advance in connection with medical science. Some years ago, when a mere examining body, this institution endeavored to impress upon the various teaching medical schools, the importance of imparting to medical students a practical acquaintance with the science which they sought to be permitted to apply in the course of their practice. In adopting this view, a self-evident proposition, the Senate was sustained by precedents furnished by the great medical institutions in other lands, and by the voice of the medical profession of this Province ; but after years of disappointed waiting was compelled to establish a teaching faculty where-by effect could be given to those views.

"With regard to the medical faculty, established by this University, I may briefly repeat what was announced from this platform a few weeks ago by its worthy Dean, Dr. Aikins, that the most gratifying success has attended the first session, that our medical students now enjoy, for the first time, unsurpassed advantages in connection with the scientific departments of this University, and that the eminently practical character of the instructions which characterizes the whole of the course in medicine is calculated to worthily qualify our medical graduates to practice their high calling with satisfaction to themselves and to the advantage of the public.

"With regard to the gentlemen who constitute our medical faculty itself, I would be guilty of unpardonable oversight if I did not here publicly tender to them, as I now do, the thanks of our Senate for the response which they gave when we invited them to make personal and pecuniary sacrifices, and join with us in our effort to place medical education in Canada on a dignified and sound basis.

"The promptitude with which they responded to that invitation, the fidelity and enthusiasm with which they have, in so disinterested a manner, discharged their duties, have deservedly earned for them the gratitude of the Senate, and, I believe, of the medical profession as a whole.

"We can make to these gentlemen no adequate return, but their reward must be the knowledge of the fact that they have been instrumental in laying the foundation of a system of medical education of which there is no parallel in this Province to-day ; and if we continue, as all the indications are we shall continue, to develop and progress, they will at least enjoy the proud satisfaction of having aided in the erection of a medical college which at no distant day will take rank amongst the great medical schools of the world."

### NOTES.

Ether is used in some districts of Ireland as an intoxicant.

The hot intra-uterine douche is recommended in purulent endometritis.

The profession are cautioned against the use of antipyrin with sweet spirits of nitre.

The next meeting of the British Medical Association, will be held in Glasgow, during the month of August.

The *Press and Circular* wants to know why gynæcologists are so very irascible ? Can any one explain ?

"The largest chloroform taker in the world" recently overdid it in London ; at the inquest it was stated that she had consumed as much as a pint a day.

Lactic acid is extolled by Aysaguer in certain forms of suppuration of the ear, when due to fungi of the drum or granular forms of otitis or polypoid vegetation.

Dr. Wm. Murrell, of London, recommends the ipecacuanha spray in chronic bronchitis, winter cough, and in loss of voice, due to congestion of the vocal cords.

The Governor of New York State has signed the bill abolishing hanging for all murders committed after January 1st, 1889. Death by electricity is substituted therefor.

ADDITIONAL LIST OF SUBSCRIBERS TO LESSLIE FUND.—Dr. A. A. Dame, Jordan, \$5; Dr. Nevitt, Toronto, \$5; Dr. Emory, Toronto, \$3; Dr. McPhedran, Toronto, \$3; Dr. Stark, Toronto, \$2; Dr. Peters, Toronto, \$2; Dr. Palmer, \$5.

A physician in Australia has written to a London medical paper, warning young graduates against going to that colony, owing to the over-crowded condition of the profession there.

A recent number of a medical journal published in Tokio, Japan, contains an interesting account of a case of ovariectomy at three months pregnancy, followed by recovery and delivery of a healthy child at term.

It is stated that the University of Heidelberg, recently conferred the degree of M.D., upon one Karl Umbach, who had written a brilliant essay on "The Influence of Antipyrin." Umbach turns out to be a quack, and the authorities are silent.

Action is to be taken by a committee appointed by the American Medical Association, at the recent meeting in Cincinnati, to consider the best method to limit the number of medical colleges, and lessen the crowded condition of the medical profession.

ARREARS OF ANNUAL DUES TO COUNCIL.—We understand that about 1500 members of the College of Physicians and Surgeons of Ontario, are now in arrears for their annual dues—the total amount being \$7,000. The Registrar has received positive orders to sue all delinquents. The separate amounts are small, and it is hoped that the members will attend to the matter at once, and thus save the costs as well as considerable unpleasantness.

COUNCIL EXAMINATIONS.—The date of the Supplemental Fall Examinations, to which we have referred in another column, is fixed. They will be held in the Council Hall, and will commence on Tuesday, September 18th.

CARCINOMA OF RECTUM.—Hr. Schede, of Hamburg, at the congress of the German Surgical Association (*Press and Circular*) reported on a method of procedure adopted by him, as doing more than any other to render a man once more intact. The method resembled Kraske's to some extent. The sphincter was untouched at the operation. A long incision was made from the tip of coccyx. Resection of the coccyx permitted separation of the rectum from its surroundings, circular opening of the peritoneum, and drawing down of the sigmoid flexure so that it could be widely resected, and the cut ends drawn together. The peritoneum was then stitched to the lower end. The section of the rectum was transverse. In order to protect the wound from faeces, colotomy must at once be performed.

### Meetings of Medical Societies.

#### ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION.\*

The eighth annual meeting of the Ontario Medical Association was held in Toronto, June 13th and 14th. There was a large attendance of members of the medical profession from all parts of the province.

#### MORNING SESSION.

In the absence of the President at the commencement of the session, the preliminary exercises were presided over by Dr. Richardson. Dr. Rosebrugh, of Hamilton, the President of the Association, entered the hall shortly after the meeting opened.

#### ONTARIO MEDICAL LITERARY ASSOCIATION.

The first practical business disposed of was the hearing of the report of the committee appointed at the last meeting to take all necessary steps towards the establishment of a library of

\* We are indebted to Drs. Peters and Wishart for this report.



reference under the auspices of the association. This report was read by Dr. Graham, of this city, and after speaking of the preliminary course pursued by the committee, stated that \$4,000 had been subscribed on the principle of a Stock Association. They also secured a grant of \$250 from the Toronto Medical Association, and the use of a room from the Medical Council. They also received about 800 volumes and 7,000 pamphlets from friends of the cause throughout the province. The committee may be compelled to refuse generous offers made by well-wishers in the United States because the duty on books is so oppressive. The adoption of the report was moved by Dr. Shaw, of Hamilton, who also proposed that the Association should make a grant of \$100 towards the library fund.

Several speakers having expressed themselves in favor of increasing the grant, the report of the committee, together with a motion placing \$150 at the disposal of the library committee, was carried unanimously.

On motion of Dr. McPhedran, seconded by Dr. Thorburn, a resolution sympathizing with Dr. Dupuis, of Kingston, in the trying ordeal through which he recently passed by the unfortunate death of his son, was adopted. Another resolution, offering the Association's condolence to the family of the late Dr. Brouse, of Brockville, was also carried.

The morning session was brought to a close by Dr. A. M. Rosebrugh, who exhibited a full set of uterine electrolytic instruments. For full description see recent numbers of PRACTITIONER.

#### AFTERNOON SESSION

The afternoon session was opened by the President, Dr. J. W. Rosebrugh, of Hamilton, in a somewhat lengthy

#### INAUGURAL ADDRESS.

After expressing his thanks to the Association for the high honor conferred upon him, he spent some time in advocating the formation of this Association as a branch of the British Medical, which now contains over 40,000 members. The chief part of the paper was, however, taken up with a medical retrospect of the last thirty-nine years in this province, in which he

sketched briefly the characteristics of the then Toronto Professors, and showed that the method of placental expression taught by Dr. Workman was that now spoken of as Crede's. In conclusion, the doctor advocated earnestly the placing of such facilities for scientific study and research at the disposal of our students as shall obviate the present necessity of going far abroad to prosecute post-graduate study.

#### INTRODUCTION OF GUESTS.

The guests of the Association were then introduced, and took seats on the platform. They were Dr. C. C. Rice, Dr. Wyeth, Dr. Fox, Dr. Corning, New York; Dr. Johnstone, Dannville, Ky.; Dr. Gardner, Montreal, and Sir James Grant, Ottawa.

The discussion on surgery was opened by Dr. Grasett, who read a useful paper on

#### URETHRAL DISCHARGES.

After referring to the frequency with which such cases are met, and the depressing mental effect the condition often has upon the patient, he divided the subject into sections, according to the nature of the discharge. 1st. When the discharge is the result of a catarrhal condition of the urethra—urethritis. This urethritis may be: (a) Simple, such as that set up by leucorrhœal discharge, excessive or violent coition, or mechanical irritation. This is usually less severe and of shorter duration than (b) specific urethritis or gonorrhœa. Whether or not this specific inflammation is always due to the presence of gonococci, can not be regarded as proven. Experiments have failed to establish that it can be induced by injection into the healthy urethra, and it has not been found possible to inoculate animals with gonococci. Notwithstanding these facts, the almost constant presence of gonococci suggests that they are possessed of causative properties. The experiments of Watson Cheyne, as recorded in the *British Medical Journal* for 1880, were referred to, as endeavoring to prove that the organisms are invariably present, and hence may be looked upon as causative. Mr. Cheyne accordingly used bougies of cacao butter with iodoform, and ol. eucalyptus. The experience of the reader was not confirmatory of the theories advanced by Mr. Cheyne.

*Treatment.*—The abortive treatment by administering large doses of bals. copaibæ and cubebæ, with strong injections of silver nitrate frequently repeated, is now almost entirely abandoned, because harm, and not good, was found to result. The expectant plan also lacked facts to prove that the disease would, if left alone, get well of itself in a short time. The plan of treatment found to be most useful might be summarized as follows: Rest in bed; cleanliness, secured by frequent passage of urine, or by injecting hot water. The patient should be instructed to allow the penis to hang in a natural position, so as to permit the discharge to run out, or a dressing of salicylic gauze might be placed loosely over the end of the penis and covered with a rubber bag. The diet should be light and unstimulating; alcohol and tobacco must be avoided. Alkalies may be given, to keep the urine neutral or slightly alkaline. Injections, except of hot water, are harmful in the first or acute stage. The injections frequently given by chemists do great harm. In the late stages, sulphate and sulphocarbolate of zinc are beneficial in dilute solutions; so also is nitrate of silver.

2nd. Chronic discharge or gleet. This sometimes persists after an attack of gonorrhœa in spite of treatment, both internal and external. An error in diet, or indulgence in alcohol or tobacco, will often cause a return to the catarrhal stage. The pathology of gleet probably depends upon the fact that the inflammation, which commences in the mucous membrane, spreads to the submucous tissues, and causes a thickened and granular condition of both. If a stricture is present it should be dilated. The injections used should be mild and slightly stimulating astringents, and should be frequently changed. Caspar, of Berlin, recommends a combination of mechanical and chemical therapeutics. He uses nickel-plated bougies with grooves into which he pours a medicated paste, which melts when the bougie is inserted into the urethra. He has used iodoform, zinc, resorcin and other drugs, but has had the best results from the use of this formula:

Ol. theobrom . . . . .	100 pts.
Argenti. nit. . . . .	1-1 1/2 "
Bals. copaib. . . . .	2 "

No bad effects have been noticed. Improvement begins at once, and the discharge, under the microscope, soon shows a diminution in the proportion of pus cells.

3rd. Prostatorrhœa. This discharge was first accurately described by Dr. S. W. Gross, of Philadelphia. It consists of a clear glairy mucus from the prostate, most frequently seen after straining at stool. It comes from the acini of the gland, and is increased in quantity by disease of the rectum, masturbation, hard riding, etc. Several instances of this condition were cited, illustrating the good results which followed treatment by tonics, and the local use of argent. nit.

4th. Spermatorrhœa, or flow of semen, unaccompanied by sexual excitation or orgasm. The term is used by quacks and empirics to include nocturnal emissions, which, unless excessive, are an indication of health rather than of disease. If, however, they become too frequent and are followed by depression, they are pathological. The causes are, among others, hyperæsthesia, or irritation of the genitals, inflammation of the prostate or urethra, phimosis, etc. The treatment should be largely hygienic. Avoid alcohol and tobacco, empty the bladder last thing at night and first thing in the morning, give light diet, keep the bowels loose, and abstain from irritating exercises, such as riding on horseback. Bromide of potash often acts beneficially. If the perpuce is long, circumcise; if there is rectal irritation, as piles, fissure, etc., appropriate treatment must be applied. Passing large bougies, and the local application of argent. nit. gr. x or xx, ad ʒj are also useful. The depressed mental condition of the patient must not be neglected, as very much depends upon his intelligent co-operation in the treatment.

*Discussion.*—Dr. L. MacFarlane, Toronto, in commenting upon the paper, referred to the difficulty of diagnosing a simple from a specific urethritis. The history must be the guide in most cases, and this is often not reliable. There is no specific treatment applicable to all cases. If the patient be gouty, rheumatic or strumous, the line of treatment must be such as is appropriate to the peculiar diathesis. In the acute stage, the treatment must be antiphlogistic. Where gleet is present, it is owing to a granular condition of



the mucous membrane, and must be treated accordingly. Spermatorrhœa is the most important discharge from the urethra; but many of the patients presenting themselves for treatment are not the subjects of this disease at all. Very seldom do any but those who have long practised self-abuse suffer from spermatorrhœa. In treatment of this affection the mental state of the patient must receive the most attention. You must speak in a positive manner as to the likelihood of his recovery, so as to ensure his confidence. True spermatorrhœa often leads to insanity. For this reason, the evils of self-abuse should be taught to boys of suitable age, at the public schools by a medical man.

Dr. Groves, of Fergus, considered that a hard and fast distinction could not be drawn between simple and specific urethritis. A specific disease usually protects against subsequent attacks; but it is notorious that an attack of gonorrhœa predisposes to future attacks. Any case of urethritis, whether of the so-called specific or of the simple variety may be followed by epididymitis or orchitis. In the treatment, the surgeon should not only recommend, but insist on, absolute rest in bed, in the early stage. Unless the urine is intensely acid it is not advisable to give alkalies, as it is difficult to believe that urine so modified would be less irritating than the normally acid fluid. Gleet may be caused by a small granular inflammation at one spot, which is usually the seat of a stricture. Hence, a full-sized bougie should be passed occasionally.

Dr. Burt, of Paris, thought the subject of spermatorrhœa should not be included under the head of urethral discharges, as the condition has no pathological connection with the urethra. Simple urethritis is of exceedingly infrequent occurrence. In treatment there is nothing better than argent. nit., in  $\frac{1}{4}$  per cent. solution. This strength is sufficient to render the discharge innocuous. It is of great advantage to use the urethrometer in treating stricture; and in dilating a stricture, an instrument should be used which can be increased in diameter after it has entered the urethra, because the meatus is of less diameter than the rest of the canal. In most cases, if you cure the stricture, you cure the gleet. Medicated

sounds are of very great utility in treating gleet.

Dr. Dupuis, of Kingston, expressed the view, that unless gonococci be discovered by a microscopical examination, it is impossible to distinguish a simple from a specific urethritis. In the treatment of gleet where a stricture is present, it is usually necessary to make an application behind the seat of obstruction. This may be done by means of a strong catheter provided with a closely-fitting piston, which presses out the medicament through the eye. The most useful combination is found to be zinc oxide, calomel, iodoform, bals. Peru and vaseline. The Porte caustique may also be used with excellent results.

Dr. A. W. Johnstone, of Danville, Ky., read a paper on

#### SOFT MYOMA OF THE UTERUS.

In the diagnosis, all forms of sarcomata and carcinomata must be excluded, and also the hard myomata of the uterus. Soft myoma used to be considered a variety of the hard myoma or fibroid of the uterus. The paper showed that soft myoma is more nearly akin to the mucous polyp, and that it is an homologous growth of the adenoid lining of the uterus. The reader of the article then alluded to the theories of menstruation, and pointed out that it is the erect position of the human female that necessitates menstruation. There is a constant cell development going on in all endometria, and over-development of this adenoid growth, constitutes the soft myoma. A case under the care of Lawson Tait, was here cited, in which a soft myoma occupied the whole of the uterus, the microscope shewing that the growth was formed by the proliferation of the ultimate fibrils of the cells of the endometrium. These cases are extremely rare, the reader having met with only two cases. They consist of a loose network of fibres enclosing lymph spaces, with also some of the muscle cells of Billroth, the whole forming a soft fluctuating myxomatous mass. Several engravings of microscopical sections were here shown. There are two main causes of these growths.

1st.—A result of the damming back of lymph into the spaces of the adenoid tissue.

2nd.—Unusual development of the uterine follicles. From their peculiar structure, it is evident that tapping and electricity must be alike futile, and the only successful treatment is by early and complete extirpation.

#### BACTERIA, AND THEIR INFLUENCE ON THE BLOOD AND TISSUES,

was the subject of the next paper, by Dr. Chas. Sheard, who made this a text for a discussion of some obscure features in the history of typhoid fever.

Dr. Mullin, of Hamilton, believed that many cases of typhoid fever would escape diagnosis if the views enunciated in the paper were relied upon in their entirety. Many cases required treatment before the symptoms were fully marked. In his opinion, reliance should be placed upon the assemblage of symptoms, and not upon any single one. As a rule, mild cases were apt to be dangerous ones.

Dr. Henderson, of Kingston, thought that antipyretic remedies, both antipyrine and antifibrine, required to be used with care, as they influenced the heat nerve centres directly in all probability.

Dr. Sheard replied briefly.

To the general regret of the Association, Dr. J. Workman withdrew his paper

#### ON THE SO-CALLED MORAL INSANITY,

owing to the number of the papers presented, and the fact that the subject was not one of general interest.

Dr. Whiteman, of Shakespeare, followed with a paper on

#### EMPYEMA,

dealing mainly with the treatment.

In some cases the diagnosis is very obscure, but it may be stated, as a rule, that whenever the patient emaciates, loses appetite and has chills followed by fever, and sweating without obvious cause, a deep abscess may be looked for. Dulness on percussion is not to be relied on absolutely, especially in children. A case of recovery after evacuation of 3vij of pus, and free drainage was related. When the discharge is very offensive, irrigation with tr. iodine 3j ad oj is highly beneficial.

Empyema may be double, and when so is much more dangerous, and also much more

difficult to diagnose, owing to variations in the character of the note on percussion in different patients.

Several other cases were here cited, in which recovery followed free opening and drainage. With regard to incisions, it is generally better to make two openings so as to allow air to enter and escape freely. One opening may do in a recent case, but not in an old case with strong adhesions. If the surroundings of the patient are kept pure there is but little danger of sepsis. In those cases where it is advisable to irrigate, this may be done by putting in two rubber tubes side by side, and fastening them together with a safety pin. One tube should be about one inch longer than the other, and the fluid should be injected by the longer tube, and allowed a free escape by the shorter.

Dr. T. K. Holmes, of Chatham, Ont., presented a report of twenty-two cases of empyema occurring in his practice, with eight deaths and fourteen recoveries. Four died of phthisis, one each from traumatism, embolism, asphyxia and pyæmia. He recommends that the pus be evacuated as early as possible, by the introduction of a drainage-tube through a single opening made by a large trocar. This maintains free and constant drainage, is simpler than the double opening, and admits of irrigation of the cavity, should this be thought necessary.

A study of the twenty-two cases leads the author to the following conclusions:

1st. The importance of recognizing cases early.

2nd. The necessity of giving free and constant exit to the pus.

3rd. When pus has discharged through the bronchi with no amelioration of the symptoms, an external opening may be followed by the best results.

4th. The most unpromising cases are those occurring in the puerperal state, and those in phthisical subjects.

5th. Resection of the ribs is necessary in but a small class of cases.

6th. The entrance of unpolluted air into the pus cavity does not prevent cases doing well.

7th. Washing out the cavity is unnecessary when the pus is sweet.



## EVENING SESSION.

The President introduced Hon. Charles Drury, Minister of Agriculture, to the Association. The honorable gentleman said that he recognized the great influence exercised by the medical profession on the political thought of the country. He congratulated the profession in Ontario on having such a useful and important organization as the Medical Association, assuring his hearers that meetings such as he had addressed cannot but result in good to the people of the province. He was glad of the sympathy extended by the Ontario Government to medical education in the province. He wished the Association all manner of success, taking his seat amid applause.

Dr. McCallum, of London, gave his

NOTES OF CLINICAL INTEREST FROM THE PATHOLOGY OF 1887.

See page 214.

## ANATOMY ACT.

It was moved by Dr. Geikie and seconded by Dr. Roe, "That this Association would regard with great satisfaction the modifying of the Anatomy Act by the Legislature of Ontario as soon as possible, so as to make it more efficient in promoting the advancement of medical and surgical science by securing a more adequate supply of anatomical material; the study of anatomy being the basis of all sound medical education."

Dr. Workman wanted to know why the bodies of criminals were not secured in the interests of science. It was disgraceful that medical students were forced to raid graveyards for bodies.

The resolution was carried.

The discussion in medicine was opened by Dr. Mullin, of Hamilton, in a paper on

## MALARIA AS THE CAUSE OF DISEASE.

He endeavored to show how often symptoms were ascribed to hidden malarial poison, which were really due to some other trouble, not patent to the eyes of the careless or unmethodical investigator. We do not really know what malaria is, and we should not be in haste to put down a variety of symptoms such as headaches, neuralgias, pain in every locality, etc., etc., to malaria. The diagnosis made is often disproved by the intractability of

the peculiar symptom to large and even enormous doses of quinine.

Dr. Workman agreed with the views advanced.

Dr. Richardson stated that he had met with many cases of true malaria during the winter months, about which there could be no mistake, notwithstanding the time of year. In his opinion, malarial poison was more, instead of of less, often the cause of a variety of symptoms.

Dr. Holmes, of Chatham, had met with malaria under many forms; and displaying a great variety of symptoms, singly or grouped. He had proved his diagnosis by the magic influence of a few doses of the sulphate of quinine. Newcomers to a locality were more prone to suffer than the regular inhabitants themselves.

Dr. C. C. Rice, read a paper on

## THE SURGICAL TREATMENT OF DISEASES OF THE THROAT,

exhibiting and explaining the latest instruments used in operations in that department of medical science.

Dr. Palmer, Dr. J. E. Graham, and others took part in the discussion.

## SECOND DAY.

Dr. Hunt, of Clarksburg, related a case of

## IDIOPATHIC GLOSSITIS.

The patient, a farmer, aged 35, contracted a cold, and complained of pain at the root of the tongue, and soreness of the throat. The tongue swelled rapidly, the pulse was rapid and feeble, and deglutition impossible. The neighboring glands were tumefied. Two deep incisions were made on the dorsum, from which blood flowed freely, but no pus was found. The swelling increased until it was found necessary to perform laryngotomy. He improved for two days, but died on the fifth day after operation. In the treatment of such cases, early and free incisions with salines and local use of ice give the best of success. The reader of the paper expressed surprise at the comparative rarity of the affection, considering the exposed position of the tongue.

Dr. McPhedran thought this was explained by the cleansing saliva preventing the ad-

hesion of irritating particles. He had met with several cases, and did not consider it so uncommon as was generally supposed. His cases were treated by incision and free purgation, and the results were good.

Dr. Brock, of Guelph, and Dr. Barrick, of Toronto, treated similar cases with small pieces of ice frequently applied, which rapidly reduced the pain and swelling.

Dr. Metherill, of Freeltown, also advocated the use of ice, instancing the case of a young lady he had attended, and to whom ice was freely given. Dr. Hunt replied.

Dr. C. M. Smith, of Orangeville, read a paper on

A NEW APPLICATION OF SAYRE'S SHORT HIP  
SPLINT TO COMPOUND FRACTURE OF  
THE HUMERUS.

The patient, aged 14, had sustained a compound comminuted fracture of the lower end of the humerus with a splitting of the lower fragment into the elbow joint. After adjustment of the fragments the arm was put up in anterior and posterior rectangular splints. Sayre's splint was applied over this with the perineal pad in the axilla and the semicircular steel band upon the anterior rectangular splint in front of the elbow joint. Extension was then maintained by securing the iliac pad to a strong tin shoulder cap, and then turning the thumb-screw in the ratcheted bar. Extensive sloughing occurred over the olecranon and inner condyle, and irrigation with iodoform dressings was resorted to. The splints were removed in five weeks and passive motion practised. The patient was exhibited, and presented an arm in which all the motions were all but perfect.

RUPURED TUBAL FETATION

was the title of a paper by Dr. Gardner, of Montreal. He related the case of a woman, aged 29, in whom an extrauterine gestation was diagnosed. One attack of pelvic and abdominal pain was partially recovered from, but a recurrence taking place two weeks later, an operation was decided upon. The application of electricity was precluded in this case by the evident hemorrhage and peritonitis. The abdomen was opened and a quantity of blood clot of varying age, and

bloody serum removed. A ragged, friable, granular mass—an expansion of the right fallopian tube—was torn away in attempting to raise it to the edge of the wound to apply a ligature. No ligature was applied. The abdomen and pelvic cavity were washed out and drained. Though the patient's condition was alarming at first, she steadily rallied and made a complete, though tedious, recovery, the tediousness being due to cystitis. On examining the substances that had been removed, a blood-stained foetus about one inch in length was discovered, as well as ample evidence of chorionic villi. The foetus had evidently been dead for some time, probably from the date of the first urgent symptoms. The state of things indicated clearly that electricity would have been of no use at any time after the patient called in her doctor.

Dr. Gardner remarked on the difficulty of diagnosis, which probably, however, is not so great as often imagined. The diagnosis having been made, the question of treatment may practically be considered under three heads—fœticide by electricity, abdominal section to remove the foetation, and expectancy.

*Electricity.*—The faradic current is to be selected on account of the easiness and simplicity of the application, and the fact that the apparatus is almost always to hand. Though opposed by some eminent abdominal surgeons, there is such a mass of evidence in its favor that its position seems unassailable. A successful case has been published by the author (*Canada Medical and Surgical Journal*, August, 1885).

*Abdominal Section.*—Mr. Lawson Tait, Dr. Imlach, Dr. Johnstone and others, say that as soon as the diagnosis is made we must open the abdomen. Unfortunately, and this is the strong point of the case for the advocates of immediate section, the first symptoms demanding medical aid may be those of the fatal rupture. There is no doubt that extrauterine foetation is far more common than is generally supposed, and that rupture with hemorrhage often occurs, and is recovered from by absorption of both blood and foetus. The author's case goes to prove that even after there is every evidence of the death of the foetus by electricity, symptoms may subsequently arise to render necessary



abdominal section. It may be premised that the earlier the stage of pregnancy at which foetocide is effected, the less likely are after symptoms to arise.

*Expectancy.*—Presuming the case to occur in thoroughly experienced and competent hands; the diagnosis to have been made and the symptoms to be severe, an expectant treatment must be condemned. It will be proper only in doubtful cases with mild symptoms.

Dr. Johnstone, of Danville, Ky., thought that the weight of authorities showed that in the majority of cases the expectant plan absolutely failed. At best, all that can be hoped for is the formation of a fistula through which foetal matters come away, and this is really a living death for three or four years. During this period the patient can never feel safe, for as long as any remnant is left there is danger. This also is the strongest argument against treatment by electricity. Hence, the best treatment in all cases of true diagnosis is an immediate resort to the knife. The mortality in simple cases is not more than  $\frac{1}{2}\%$  in experienced hands. In regard to the moot question, When does rupture take place? Dr. Johnstone expressed the view that what are called premonitory shocks really mean rupture. When such symptoms occur operations should be resorted to at once. In such cases electricity can only do harm. The placenta is not entirely a foetal structure, and hence killing the foetus does not stop placental pregnancy. Dr. Johnstone also demonstrated by means of a fresh specimen the peculiarity of the nerve supply of the tube. A large nerve reaches it quite close to the cornu of the uterus. If this nerve be left intact in the operation of removing the tubes and ovaries, menstruation may persist. Hence the necessity of cutting off the tube close to the angle of the uterus.

Dr. Rosebrugh, of Hamilton, related a case of tubal pregnancy of two or three months' standing in which rupture took place, and death followed in thirty hours from coilapse. He thought such cases might certainly be saved by prompt treatment.

Dr. Gardner, in reply, supported the plan of treatment by electricity in suitable cases, but would always open the abdomen immediately if peritonitis or any serious symptom set in.

A paper by Dr. Olmsted, of Hamilton, was read by title. It dealt with

#### THE ANTISEPTIC TREATMENT OF WOUNDS OF THE HAND.

The treatment of this class of injuries by the aseptic or antiseptic method is as important as in the major operations. According to Hamilton, 40% of fractures of the phalanges are treated by amputation, while from observations of cases I feel confident that many more can be saved. In these injuries the practitioner should perfect himself in the technique of asepticism, for, as Gerster says: "It is wicked to attempt to learn the first lessons of aseptic surgery in laparotomy, when, possibly, the surgeon's experience is bought with the life of his trusting patient." The following is the outline of the method used in my cases.

1. The hand and forearm of patient are thoroughly washed with (a) soap and water and brush; (b) alcohol; (c) bichloride solution, 1-1000.
2. Towels wet with 1-2000 bichloride solution, and placed under hand and around forearm.
3. Instruments are soaked for fifteen minutes previous to use in a 5% solution carbolic acid.
4. Ligatures and sutures are fine, Nos. 0 and 1, and soaked in 1-1000 bichloride solution containing 25% of alcohol.
5. If a finger is to be amputated, cocaine 3ss. of 4% solution) is injected, and circulation arrested by a rubber band which has previously been sterilized.

If the wound is a clean incised one it is cleansed, sutured and sealed with a solution of iodoform in collodion (3i iodoform to 3i collodion). The dressings consist of protective, iodoform, moist bichloride gauze, bichloride cotton, splint and bandage.

CASE I. M. J., aged 17.—Injury, lacerated wound of index finger, about  $\frac{1}{4}$  inch of end of finger almost entirely removed; only perhaps 1-16 of attachments being left.

*Treatment.*—Cleansed parts, brought the edges neatly into apposition by fine catgut, dressed, etc. The result perfect, showing nature's protest against the insatiate monsters, machinery and heroic surgery.

CASE II. W. R., aged 8.—Injury, a compound fracture of second phalanx, and crush of third

phalanx of middle finger. The fracture was an oblique one into the joint, and the superficial tissues were very much torn and impregnated with dirt. Two physicians of good standing had advised amputation as the only treatment.

*Treatment.*—Conservative. Result, a movable joint and good finger at the end of a month.

*Remark.*—But, really, why do we not do more to assist our strongest ally, nature, by at least asking her to assist in the repair of her most admirable production? Any butcher can hew away a mutilated limb, but only the patient student and lover of nature can and will use his best endeavors to carry out her plainly expressed wishes of repair.

Dr. Clark, of the Toronto Asylum, then read a paper entitled,

#### NEURASTHENIA.

(See page 209.)

#### ADDRESS BY HON. G. W. ROSS.

At this stage of the proceedings Hon. G. W. Ross, Minister of Education, was introduced to the Association by the President. He spoke of the good work done by the medical profession in the past in securing for the country excellent sanitary conditions and laws, and also alluded in terms of praise to the high standard required of those aiming at getting the diploma of the Medical Council. He would be willing to render all manner of assistance to the council in effecting further reforms and substantial improvement. (Loud applause.) Young men will find to their cost that Ontario is a country where superficiality is discarded. Thoroughness is especially desired by those acting in the best interests of medical science.

Dr. Bray, of Chatham, was the author of a paper on

#### UTERINE HYDATIDS.

Illustrated by cases in practice. (See page 213.)

#### LEUCOCYTHEMIA.

Dr. McPhedran invited the members present to proceed to the library and see a patient of his, who was suffering from leucocythemia.

Dr. Chas. O'Reilly, of the General Hospital, Toronto, then showed a very useful gynecological and surgical table, explaining its advantages and

the simplicity of its construction. The total cost would be about \$14. The new City Ambulance was also brought to the door of the building for the inspection of the members of the Association, and was highly approved.

#### AFTERNOON SESSION.

On the reassembling of the Association in the afternoon,

Dr. Thorburn read his paper entitled

#### LIFE INSURANCE, AND THE RELATION OF THE PROFESSION THERETO.

The doctor treated this highly important subject in an exhaustive manner, drawing attention to the position occupied by Life Insurance as one of the chief institutions in the country. For this reason, the duty of the medical examiner was to search into every case, without fear or favor, remembering that upon his conscientiousness depends the success of the companies. The examinations were frequently inefficient, and unskillfully made. Tuberculosis is a disease which may be hard to detect, and for which thorough search should be made. The best risks, as a rule, are professional men.

Dr. Herod, of Guelph, while supporting the views advanced in the paper, believed that the inadequacy of the fees paid for examinations by the companies was largely responsible for any want of thoroughness on the part of the physicians.

#### THE COMMITTEE ON CREDENTIALS.

Dr. Britton, Chairman, read the following report, which he said was ready for presentation since the morning: (1) That it appears in the minutes that the Committee of 1887 made a final report, including the names of all candidates whom they esteemed worthy of membership; (2) That the list found in the copy of the constitution and by-laws is a complete collection of the names of members up to the present time; (3) That signing the register and paying the fee do not constitute membership, the constitution having provided for election by voting; (4) That they have compared said list of members with the register of this year, and recommend the following members as eligible for membership: A. H. Chamberlain, Kelvin; H. W. Meldrum, Ayr; W. J. Logie, London South; W. C. Jef-



fers, Oakwood; S. Scott, Lloydtown; L. Bentley, Toronto; J. Caven, Toronto; J. D. Smith, Tilsonburg; D. P. Bogart, Whitby; D. B. Booth, Odessa; W. A. Richardson, Toronto; J. H. McCullough, Owen Sound; H. C. Cunningham, Toronto; Fife Fowler, Kingston; J. R. Shaw, Norway; H. S. Martin, Erin; J. A. Tuck, Belmore; T. D. Meikle, Mount Forest; W. A. Ross, Barrie; J. M. Jackson, London; R. J. Wilson, Toronto; J. Cascaden, Iona; J. W. Sinclair, St. Mary's; W. J. Roe, Georgetown; R. J. Lockhart, Hespeler; C. J. Hastings, Toronto; C. G. Grafton, Toronto; Helen G. Reynolds, Toronto; D. R. Martin, Toronto; L. D. Closson, Toronto; R. A. Lenoard, Napanee; J. E. Eakins, Belleville; W. G. Sprague, Belleville; J. G. Anderson, Millgrove; J. H. Parsons, Meaford; W. Lapsley, Woburn; D. G. Ruthven, Wallacetown; A. B. McCallum, Toronto; A. Boyle, Lisle; A. J. Johnson, Toronto; W. Ogden, Toronto; J. Olmstead, Hamilton; J. B. McArthur, London; — Gillespie, West Toronto Junction; W. B. Thistle, Toronto; J. W. Peaker, Toronto; A. G. Machell, Owen Sound; J. J. Brown, Owen Sound; H. S. Clarke, Lucan; W. R. Walters, East Toronto; G. Schmidt, New Hamburg; J. Harvey, Orangeville; Sir James Grant, Ottawa; C. Cuthbertson, Toronto; H. E. Drummond, Pontypool; H. W. Aikens, Toronto; R. L. Stewart, Bolton; W. B. Lindsay, Strathroy; — Stacey, Acton; — Grant, Beaverton; — Young, Toronto; G. A. Barclay, Parkhill; D. J. Grant, Gravenhurst; — Loughhead, Petrolea.

The Committee stated that its sphere was confined to passing on the character of those asking for membership, and not to making enquiry into the status and professional conduct of those already members.

Report concluded:

"That rules of order 6 and 7 had not heretofore been strictly observed; the mode of admission of members has, therefore, been informal, irregular, embarrassing to the Committee and, if persisted in, may allow of the introduction of persons unworthy of a place in this Association."

It was moved by Drs. Powell and Miller:—"That the Committee on Ethics be requested to consider the names of those who have this

year signed the register and tendered their fees, and who, having at some time in the past been admitted to membership, have not now been passed upon by the Committee on Credentials; also that the report of the Committee be made to this Association at half-past four this afternoon." Carried.

Dr. MacFarlane, of Toronto, read a paper on  
LAPAROTOMY IN ACUTE INTESTINAL OBSTRUCTION.

Up to the present time, the treatment of such cases has been eminently unsatisfactory. Cases in support of this fact were cited. In one, an oblique inguinal hernia was reduced after very great difficulty. The bowel, however, had evidently been gangrenous, as several inches of the gut were passed per rectum some days later. In spite of this, the patient recovered. Another case in which a woman lived 59 days with an obstructed bowel, was also given, in which operation would probably have been beneficial. The author held that the means usually employed to cause the bowels to act in such cases are unphilosophical, and expressed the opinion that the only rational, scientific treatment is by the operation of laparotomy. The importance of strictly aseptic surroundings, and care in the operation were enjoined, and the steps of the operation described. After making a free median incision, the distended bowels should be retained by warm sponges or towels, and the hand introduced to find the seat of obstruction. All the hernial openings should be first examined, and then commencing at the cæcum, the hand should follow up the small intestines until the seat of obstruction is reached. If a part of the bowel is gangrenous, the question lies between making an artificial anus, and excising a portion of the bowel. notwithstanding that the author had had but one case of enterectomy and that unsuccessful, he still advocated this plan of procedure, in preference to the establishment of an artificial anus. Three cases were then cited, of which one died of suppression of urine, one was successful, the patient being at work in fourteen days, and the other died on the third day from peritonitis. In conclusion, the writer urged the importance of early operation, as gangrene of the bowel has been known to occur within thirty-six hours

after obstruction. The urine should be examined microscopically for casts, as otherwise advanced disease of the kidney may be overlooked, as in one of the cases cited.

*Discussion.*—Dr. Yeomans, of Mount Forest, divided these cases for diagnostic purposes into two classes, viz: 1. Mechanical, such as volvulus, intussusception, hernia with strangulation, etc. 2. Inflammatory, as peritonitis, enteritis, typhilitis, etc. In cases belonging to the first class he would recommend operation; in those of the second class, the expectant plan must be followed. If the obstruction is in the region of the ileocaecal valve, a tumor may usually be detected, and when such is the case, he would prefer a lateral to a median incision.

Dr. Richardson, of Toronto, had no positive, but much negative, evidence to give in such cases. He had seen many cases go to their death for want of operation, but he had never seen a case relieved spontaneously. Hence operation is to be recommended in all cases where there is any probability of affording relief. He related an interesting case in which obstruction had been caused by an accumulation of gas between the mucous and muscular coats, so as to press the mucous membrane of one side against that of the other, thus completely occluding the passage. The gas had reached this position through a small ulcer in the mucous coat. In cases of intussusception in children, it is absolutely necessary to operate early, otherwise it will be impossible to draw back the invaginated bowel, owing to congestion and constriction of the parts.

Dr. Grasett, of Toronto, referred to the importance of stitching up the abdomen carefully to prevent the separation of the lips of the wound, when distension took place.

Dr. Hunt, of Clarksburg, related several cases in which recovery, after apparently hopeless obstruction, took place under treatment. He therefore, would not operate in all cases.

A paper on

#### THE DIAGNOSIS OF OBSCURE PELVIC AILMENTS,

was read by Dr. A. A. Macdonald, of Toronto. The views expressed were discussed by Dr. Yeomans, Mount Forest, Dr. Richardson, Dr. Hunt, Clarksburg, and the President.

Dr. Temple, of Toronto, read a paper on

#### THE USE OF PESSARIES.

Formerly he was in the habit of using them very extensively, but recently he found that many of the cases in which he once used them could be more advantageously treated without them. There is reason to fear that in the hands of the general practitioner the pessary is sometimes used injudiciously, to the exclusion of other measures. The use of the pessary calls for a very careful consideration of the general state of health of the patient, as well as of the condition of the pelvic organs. The natural movable state of the uterus must be remembered, and the tendency towards its downward displacement by the dragging of clothing suspended from the waist. A healthy uterus should not be felt by the person at all; but when it becomes fixed by adhesions, or pressed upon by an ill-fitting pessary, or when it becomes displaced, the nerves of the part are stretched or pressed upon, causing neuralgias, derangement of menses and bladder affections. Hence pessaries are only useful as aids in selected cases. Of the many varieties of pessaries none is more generally useful than Hodge's. The use of the intra-uterine stem pessary requires more care and watchfulness. Before inserting a pessary, careful examination of the pelvis should be made to see if there is any inflammation present; the perineum should be examined for lacerations, the size of the os in length and breadth must be noted, and a pessary of the appropriate size and shape selected. The uterus must be placed in the proper position before the instrument is adjusted. If pain is caused the pessary must be removed by the patient at once, by means of a string attached for that purpose. As a rule, a pessary should not be worn for more than eight or ten weeks. If the uterus is bound down by adhesions do not put in a pessary at once, but use tampons for a time until the adhesions yield. Sheep's wool is infinitely better than a pessary in some cases, especially in virgins. Above all, the general health of the patient must be attended to.

#### PUERPERAL ECLAMPSIA

was the title of a paper by Dr. Irving, of Kirkton, in which he related the history of a



case, where he and another physician had endeavored by frequent doses of morphia, and many other means, to put an end to the convulsions, and when almost in despair had administered pilocarpin. This produced profuse diaphoresis, sleep, and quiet, followed by complete recovery.

Dr. Walker, of Dundas, had used injections of three grains of morphia in three cases, with perfect success, there being an immediate disappearance of the symptoms.

#### COMMITTEE ON ETHICS.

Dr. McFarlane read the following report of the Committee on Ethics.

The first clause was that the Medical Association of Ontario should frame a code of ethics to take special cognizance of the following points.

CLAUSE 2.—That of signs displayed outside churches with the names of certain practitioners painted on them.

It was pointed out that the clause said nothing either by way of censure or praise. It was decided that the word "certain" be altered to "any," and that it apply to any and all public places, and be considered by the new code on ethics.

CLAUSE 3.—That the practitioners employed by the various clubs should be remunerated in a proper manner by the different clubs.

The Association thought that the fees paid medical men by insurance companies and others were too small, and should be augmented. The clause was carried.

CLAUSE 4.—To signs displayed by practitioners outside their houses and to advertisements in the daily papers.

Dr. Richardson thought it absurd that a man could not put a sign outside his own house and advertise in a legitimate manner in the papers. Dr. Sheard moving, as an amendment, that the practitioners be allowed to put a professional sign outside their private houses stating hours of attendance only, and to put a card in the papers; but that the advertising of specialists be denounced as derogatory to the dignity of the profession. The amendment was carried.

CLAUSE 5.—The posting of handbills and dodgers about or outside the city by practition-

ers on change of residence. The clause was carried.

CLAUSE 6.—To the advertisement of a certain dispensary in the city for diseases of women, and notifying the public that the advice given was free and that students were not admitted.

Drs. R. A. Reeve and J. E. Graham moved, that the committee be instructed to define the limits to which specialists could go in the matter of advertising. The clause was carried.

#### EVENING SESSION.

The Association was called to order at 8 p.m.

Dr. J. H. Richardson was then called upon to read his paper, entitled

#### CORONERS' INQUESTS,

in which he forcibly and firmly maintained that the present system was wrong in principle and action. It could not be expected of any ordinary practitioner to acquire and retain the extensive medical and legal knowledge which were necessary to thorough investigation, and to a proper judgment upon the merits of the cases brought up for trial. Division of labor is necessary to secure accurate knowledge. Experts in medical jurisprudence are what the country requires. The coroner's true functions should be to throw light on the cause of death, and let the legal questions of the case be left to lawyers. In regard to the medical examinations, too little time is allowed for them, and the reports presented showed lack of intelligence, thus frustrating the ends of justice. The coroner's jury was a farce, which through ignorance on its own part became a hindrance, and certainly a nullity. In order to remedy this state of affairs, the author of the paper recommended:

1. That the coroner's jury be abolished.
2. That the coroner be divested of all legal functions.
3. That there be associate coroners in every case.
4. That the *post mortems* be performed by thoroughly qualified men.
5. That the coroner give a written opinion upon each case, based upon the collective evidence, in whatever way obtained.

Dr. N. A. Powell, Toronto, stated that, not-

withstanding the dark picture presented in the picture, matters were in a much better state than formerly, when a coroner need by no means be a medical man. However, the present coroner's preliminary oath was defective, and prevented investigation into cases which otherwise would seem to warrant it. The system lately adopted in Massachusetts, U.S., was by commissioners, the medical and the legal aspects of the case being submitted to the judge by different persons, especially selected, and having special functions for examination, and abundance of time.

Dr. Johnson maintained that the jury was not at fault for the failure of justice, but the higher authorities, who pigeonholed the verdicts without taking action thereon. After defending the present system against the points mentioned in the paper, he recommended that special detectives be detailed for the coroner's courts.

Dr. Bray, of Chatham, and Dr. Herod, Guelph, stated that they had never taken the present preliminary oath, and never would; they merely acted when ordered by the crown attorney. The oath was not a proper one.

Dr. Duncan was dissatisfied with the present law.

Dr. Powell, seconded by Dr. Oldright, then moved as follows, the resolution being carried: That a special committee be appointed to take into consideration the whole subject of the medico-legal investigations of violent or suspicious deaths, with instructions to report at next annual meeting of this Association the draft of a bill embodying such changes in, or substitution for, the present Coroner's Act, as may seem desirable. The bill so to be prepared may, after receiving the endorsement of this Association, be presented for the consideration of the Ontario Government. The following are named members of this special committee, which has power given it to add to its numbers: Dr. J. H. Richardson, Toronto; Dr. Henderson, Kingston; Dr. Johnson, Toronto; Dr. W. Philp, Hamilton; Dr. C. W. Covernton, Dr. White, Dr. J. H. Cameron, Dr. Duncan and Dr. Powell.

Dr. White resigned from his position as Secretary of the Association.

Dr. Richardson moved that Dr. White's re-

signation be accepted, and that he be tendered the hearty thanks of the Society for his services during the last nine years.

The motion was carried.

On motion, Dr. White was granted an honorarium of \$100, for his services during the past year.

#### THE ELECTION OF OFFICERS

then took place, and resulted as follows:

President—Dr. W. H. Henderson, Kingston.

First Vice-President, Dr. Geikie, Toronto.

Second Vice-President—Dr. Howitt, Guelph.

Third Vice-President—Dr. Day, Trenton.

Fourth Vice-President—Dr. Aikman, Collingwood.

Corresponding Secretaries—Dr. Lovitt, Ayr; Gillies, Teeswater; Trimble, Queenston, and Leonard Napanee.

General Secretary—Dr. Wishart, Toronto.

Treasurer—Dr. N. A. Powell, Toronto.

The Treasurer's report was read, showing the annual receipts to have been \$502, and that there is a balance, after all demands were met, of \$227.59.

On motion of Dr. McPhedran, seconded by Dr. McCallum, of London, the following gentlemen were named a temporary Committee on Therapeutics:—Drs. Wishart, Thornburn and Davison, Toronto; Dr. Meek, London, and Dr. Irwin, Kingston.

Notice of motion was given by Dr. Ross, seconded by Dr. Graham, "That in future the Committee on Nominations be elected by ballot at each meeting of the Association."

On motion, Dr. Wyeth's paper on

#### PLASTIC OPERATIONS

for closure of urethro-rectal fistulae, was read by title.

Notice of motion was given by Dr. Jas. F. W. Ross, seconded by Dr. McPhedran, "That in future this Association be divided into medical and surgical sections. Medical and surgical diseases of women to be discussed in their corresponding separate sections, the meetings to be presided over by either the President or Vice-President. The sections to appoint their own secretaries."

Dr. Oldright gave notice of motion, "That the



transactions of this Association shall hereafter be printed."

The retiring President introduced the newly-elected President to the Association, after which the meeting was declared at an end.

The next meeting will be held in Toronto, a report to that effect having been adopted.

## COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

### ANNUAL MEETING OF THE COUNCIL.

TUESDAY, June 12th, 1888.

The Medical Council of the College of Physicians and Surgeons of Ontario met this day at 2 o'clock p.m.

Dr. Burns was elected President; Dr. Cranston, Vice-President; Dr. Pyne was re-elected Secretary; Dr. W. T. Aikins, Treasurer, and B. B. Osler, Esq., Solicitor.

The Committee on Credentials reported that Dr. James MacArthur, of London, Ont., was duly elected to represent the Territorial Division of Malahide and Tecumseh.

Report adopted.

Moved by Dr. Bray, seconded by Dr. Moore, "That the following be a committee to strike standing committees for the present year: Drs. Henry, Geikie, Buchan, Rosebrugh, Philip, Bergin, Henderson, Logan, Fenwick, and the mover." Carried.

Moved by Dr. Day, seconded by Dr. Logan, "That the portion of the Report relating to the executive be struck out, and that the said Committee be appointed on the last day of the present Session, and that this motion be sufficient notice to do the same." Carried.

The following notices of motions were given:

Dr. Russell, *Re* retaining Solicitor for Malpractice Cases.

Dr. Orr, *Re* for re-arranging Territorial Districts.

On motion, Drs. Fowler, Wright, Fenwick, Williams and Cranston, were appointed a deputation to the Ontario Government to draw the attention of the Government to the pressing

necessity which exists in the interest of medical education to have the Anatomy Act amended.

Dr. Bray's motion, "That two professional examinations be held each year, in April and October," was referred to Committee on Education.

On motion of Dr. Bergin, it was resolved, that a return showing the number of candidates for matriculation and registration during the last three years be prepared, giving the number passed and the number rejected.

On motion of Dr. Day, a resolution was presented to Sir James Grant, congratulating him on the honor of knighthood conferred upon him. Sir James made a sustable reply.

Dr. Cranston moved that Mr. W. Webb be appointed prosecutor for the ensuing year, and that he be granted a salary instead of a percentage of fines for his services.

Referred to Finance Committee.

Moved by Dr. Bray, seconded by Dr. Moore, "That two additional examiners be appointed, one on Clinical Surgery, and one on Clinical Medicine."

Referred to Educational Committee.

Moved by Dr. Fenwick, seconded by Dr. Bray, "That a By-law be passed by this Council to so compensate the medical students of the Western University their travelling expenses from London and return, they being put to extra expense to obtain their primary and final examinations, as compared with the expenses of those attending other medical schools."

Referred to Finance Committee.

THURSDAY, 14th June, 1888.

### NOTICES OF MOTION.

Dr. J. E. Graham addressed the Council *Re* use of Vestibule Hall of Council Chamber for meetings of Toronto Medical Society.

Referred to Finance Committee.

On motion of Dr. Ruttan, Drs. Grant, Moore, Cranston and Logan were appointed a committee to wait upon the Minister of Finance, to have the duty on surgical instruments reduced or removed.

A resolution of regret at the resignation of Dr. Edwards was passed.

The Council, as Committee of the Whole, received Reports of Committee on Rules and Regulation and Committee of Education.

The Council met again at 2. p.m.

President in the chair.

A motion, that the Solicitor be instructed to prepare a bill or amendment to the Municipal Act, making it obligatory for municipalities to pay for medicine and medical attendance of its poor, was referred to Legislative Committee.

Dr. Cranston presented the Report of the Executive Committee, re appointment of a public prosecutor, and the matriculation examination.

Report adopted.

The Committee appointed to wait on the Government *Re* amendments to the Anatomy Act, reported that they had received assurances from the Government that the matter would receive due consideration.

FRIDAY, June 15th, 1888.

A By-law was passed, enacting that one dollar be levied on every member of the College of Physicians and Surgeons of Ontario.

The Building Committee reported that the work of construction has been carried on as rapidly as was in their power, and so far successfully that the Spring Examinations in Toronto were held in Examination Hall, where the accommodation furnished appeared to meet satisfactorily the requirements, and that space for the seating of 212 candidates was provided. The heating, ventilation, and light being satisfactory. That, acting on the instructions of the Council, the "deadening" of the Council Chamber and Examination Hall has received the attention of your Committee, and has, it is hoped, been satisfactorily accomplished.

3. The plans and specifications adopted by the Committee have been found ample. No extras have been allowed, except speaking tubes at a cost of about \$250.

4. Provision will be made for putting in an elevator.

5. Suitable equipments will be required for the conducting of the examinations, and \$1,000 is now granted for such purpose. So far \$52,000 has been expended.

Report adopted, clause by clause.

On motion, the same Building Committee was re-appointed for another year.

On motion of Dr. Williams, a committee was appointed to consider the terms of admission of British registered practitioners.

The Committee on Discipline reported that no complaints had been brought before them.

The Committee of Rules and Regulations reported, requesting permission to delay the printing of the Revised Rules and Regulations till the next Annual Meeting

Dr. Philip presented Report of Finance Committee, which, on motion, was referred to Committee of the Whole.

The Treasurer's Report showed a balance on hand of \$3,004.51, the sum of \$25,000 having been borrowed on mortgage, and \$32,463 having been expended on the new building.

The Finance Committee reported that they had examined the Treasurer's books, and had found them to be correct. This Committee recommended that the motion that railway fares be paid to students of Western University attending the examinations of Council be not granted; that the Toronto Medical Society be granted the use of the Hall off Council Chamber for the meeting of their Society.

The Committee presented also the following statement of assets and liabilities:—

#### ASSETS.

Site of building.....	\$25,000 00
New building, so far completed....	53,000 00
Assessment dues.....	7,500 00
Cash in bank.....	3,004 51

#### LIABILITIES.

Mortgage.....	\$50,000 00
Accounts to be paid.....	1,456 00
Expenses of present session.....	1,900 00
Showing balance of.....	36,147 81

The Report of Committee of Whole was adopted.

The Registration Committee reported, and report was adopted. The Registrar was instructed to simply acknowledge the receipt of a communication from the Registrar of the College of Physicians and Surgeons of Manitoba, asking for reciprocity.

Council adjourned for half an hour.



Council met at 10.15 p.m., President in the chair.

Moved by Dr. Bray, seconded by Dr. Bergin, "That Drs. Burns, Cranston and Campbell compose the Executive Committee for the ensuing year." Carried.

Dr. Wright gave notice that he would move that the Registrar examine the credentials of all students for examination.

Dr. Williams presented the Report of the Education Committee, which was received.

A motion, that Dr. Pyne be paid the usual per cent. for attending to the leasing of rooms of the new building, was carried.

The third Report of the Education Committee was received and adopted. In this report the Committee recommended that the Council Examinations be held annually as at present, but that the examinations be held on the second Tuesday of April, in place of the first Tuesday. The Committee also recommended the appointment of additional examiners on Clinical Surgery and Clinical Medicine. The Committee recommended that the students passing the examinations of July 3rd be entered, though clause one of announcement requires that they be entered by the 1st of July.

On motion, the Executive Committee were instructed to make arrangements for paying examiners.

Drs. Harris, Buchan, Wright, Geikie and Bergin, were appointed a Committee to consider and report on the method of paying examiners.

The minutes were then read and confirmed.

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### Book Notices.

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*State Board of Health Bulletin.* Nashville, Tenn.

*The Causation of Pneumonia.* By HENRY B. BAKER, M.D. Lansing, Mich. (Reprint.)

*On Exercise for Prevention and Cure of Deformities.* By A. H. P. LEUF, M.D. Philadelphia. (Reprint.)

*Water. Its Impurities, Gathered from the Air and Earth.* By C. W. MOORE, M.D. San Francisco, 1888.

*Nineteenth Annual Report of the State Board of Health, of Massachusetts.* Boston: Wright & Porter, printers. 1888.

*Sixth Annual Announcement of the Philadelphia Polyclinic and College for Graduates in Medicine.* Session 1888-1889.

*Catalogue of the Alumni, from 1834 to 1884, of the Medical Department of the Tulane University of Louisiana.* New Orleans. 1888.

*Effects of Food Preservatives on the Action of Diastase, Pancreatic Extract and Pepsin—Food Laws.* Both by HENRY TEFFMANN, M.D.

*The Relation of Alimentation and Disease.* By J. H. SALISBURY, A.M., M.D., LL.D. New York: J. H. Vail & Co., 1888; Toronto: J. E. Bryant & Co., 64 Bay Street.

*The University Medical Magazine.* Edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania, will be issued October 1st, 1888.

*Fourteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the year ending September 30th, 1886.* Lansing, Mich. Thorp & Godfrey, printers. 1888.

*Ophthalmic Surgery* By R. B. CARTER and W. A. FROST, London. Lea Bros. & Co., Philadelphia.

This is one of the series of Clinical Manuals for practitioners and students, issued by this well-known house, and well fulfils the aim had in view. The authors have succeeded in giving in their moderate compass, an admirable account of Ophthalmology, embracing nearly all the recent advances of any importance.

*The Physician's Bedside Record* comprises a page for the preliminary history of the case; twenty-eight pages, for the recording of as many days' observations, ruled one line for each hour of the day, with spaces for pulse, temperature, respiration, medicine, notes of nurse, and directions and notes of physician; following these are three closely ruled pages for the physician's notes or history of the case; and, concluding, there is a chart for a tracing of the pulse, temperature and respiration, showing at a glance the variation for each day

of the disease. Price 50 cents per dozen. Published by the Plimpton Manufacturing Co., Hartford, Conn.

*The Surgical Diseases of the Genito-Urinary Organs, Including Syphilis.* By E. L. KEYES, A.M., M.D. A revision of Van Buren and Keyes' text-book upon the same subjects. New York: D. Appleton & Co., 1888; Toronto: J. E. Bryant & Co.

The original book was issued in 1874, since which date many advances have been made in this branch of surgery; Litholapaxy has been introduced—Supra-pubic Cystotomy has been revived. The surgery of the kidney has been remodelled, and many other changes made in the treatment of varicocele and genito-urinary diseases in general, all of which is fully entered into by this well and widely known author in this admirable revision.

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S. The drawings by H. V. Carter, M.D.; edited by T. Pickering Pick, an American from the eleventh English edition, thoroughly revised and re-edited, with additions by W. W. Keen, M.D., to which is added Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S. Philadelphia: Lea Bros. & Co.

Dr. Keen, in the preface, states, "In the section on the Brain, I rejected the English cuts showing the sulci and convolutions, and substituted the more accurate and generally adopted plates of Ecker. I have also carefully described the cerebral circulation, and have added a section on Cerebral Localization and Topography." One hundred and thirteen new engravings have been added. The text has been prefaced with a paper on "The Systematic Use of the Living Model in Teaching Anatomy."

*Studies in Pathological Anatomy. Especially in Relation to Laryngeal Neoplasms.* By R. NORRIS WOLFENDEN, M.D., and SIDNEY MARTIN, M.D. London: J. & A. Churchill. 1888.

This work will be presented to the profession in several volumes, the first of which has just come to hand. These studies are to be devoted to the practical aspect of the pathological anatomy of diseases of the throat. A great deal has already been written on the anatomy and patho-

logy of laryngeal neoplasms; but, judging from the present volume, these studies will be very much more complete than any that have heretofore appeared. The first volume is allotted to papilloma. A description is given of the method of staining for examination with the microscope, also a very careful account of the microscopic appearance, supplemented by a number of beautiful chromolithographic plates. If the first volume is a sample, the series, when completed, will be most valuable to the pathologist.

*The Language of Medicine*, a manual giving the origin, etymology, pronunciation, and meaning of the technical terms found in medical literature, by F. R. CAMPBELL, A.M., M.D., Professor of Materia Medica and Therapeutics, Medical Department of Niagara University, New York. D. Appleton & Co., 1888. Toronto: J. E. Bryant & Co.

The object of the work is to provide the medical student with a suitable means of acquiring the vocabulary of his science—a brief history of medicine from a linguistic point of view, is given in order that the sources of technical words may be known. In the second part will be found the majority of the Latin words used in medical works. In part fourth are collected the majority of the words transferred from the modern foreign languages into the medical vocabulary. This highly-to-be-commended volume will be found most useful to those medical students who have not had a thorough classical or university education, and interesting to all students of medical lore.

*Lectures on Diseases of the Heart.* By ALONZO CLARK, M.D., LL.D. E. B. Treat, New York.

This book contains the substance of lectures upon "Diseases of the Heart," delivered at the College of Physicians and Surgeons, New York. Many members of the profession in this Province who have had the privilege of hearing Dr. Clark, will be glad to read this work. The author was a clear and practical lecturer. Although he was always ready to listen to new views and theories, he did not introduce them into his lectures until he had personally become impressed with their truth.

The book before us is principally taken up



with the organic diseases of the heart. A short chapter is given to functional derangements. In this age irregular or irritable heart's action is of such frequent occurrence that one would like to see greater attention paid to it by clinical writers. We can recommend these lectures as an exhaustive and reliable work on diseases of the heart.

*A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners.* Second edition, thoroughly revised and enlarged. By JAMES NEVINS HYDE, A.M., M.D., Professor of skin and venereal diseases, Rush Medical College. Philadelphia: Lea Brothers & Co., 1888. Toronto: J. E. Bryant & Co.

It is but a short time since the first edition of this treatise was issued, founded on the teaching of the second great Vienna School of Medicine, with Hebra as the master of this branch of medical science, it met with success. The author has carefully revised each page, has added new chapters on cutaneous disorders, nameless but a few years ago, and has conformed to the classification adopted by the American Dermatological Association; many pages have been added, together with a number of new woodcuts, and two portraits of rare diseases of the skin in colored plates (nævus lipomatodes and xanthoma). The parasites receive due notice, and the ravages of the bed-bug, flea and mosquito, or to be more scientific, the cimex-lectularius, pulex irritans and culex pipiens, are remembered. This treatise will prove to be a safe guide to all students of dermatology.

*Diseases of Man, Data of their Nomenclature, Classification and Genesis.* By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. New York: J. H. Vail & Co., 21 Astor Place, 1888. Toronto: J. E. Bryant.

The objects of this work are, to urge the official adoption of a stable basis for the nomenclature and classification of the diseases of man; to awaken the attention of teachers to the necessity of ameliorating the nomenclature of medicine, and to place before the medical profession certain propositions directed to an improved classification of disease. The book is divided into five sections. Section I., deals with the definition of medicine, a classification

of the science and art of medicine, definition of disease, a synopsis of the morbid states and morbid processes of the body. Section II., treats of human nosography. Section III., of nosographical bibliography. Sections IV. and V., are alike interesting. In the latter is included a review of the morbid states and morbid processes, the bacteria, ptomaines, leucomaines, and extractives. It is a very timely and instructive little volume of over four hundred pages, containing all the more recently coined words necessitated by advances made in biological science.

*The Rules of Aseptic and Antiseptic Surgery.* A practical treatise for the use of students and the general practitioner. By ARPAD G. GERSTER, M.D. Illustrated with 248 engravings and three chromo-lithographic plates. New York: D. Appleton & Co., 1888.

This work of Dr. Gerster, who made so favorable an impression upon the members of the Ontario Medical Association a year ago, has been received everywhere in terms of approval and commendation. In the author's own words, "The leading idea, traceable through all the matter contained in the book, is to illustrate the incisive practical changes that the adoption of aseptic and antiseptic methods has wrought in surgical therapy," and it is the pleasing duty of the reviewer to record his testimony as to the entirely satisfactory manner in which the idea has been fulfilled. Part I. is devoted to Asepsis, and the first chapter discusses, though not profoundly, what sepsis and asepsis are. Chapter II. is devoted to aseptic wounds and aseptic treatment, giving rules for surgical cleanliness of hands, instruments, wounds, sponges; a description of materials for ligatures and sutures, drainage-tubes, lotions, dressings, their preparation and application. Chapter III. deals with soiled wounds and antiseptic treatment. Chapter IV., with special rules regarding the treatment of accidental wounds; and Chapter V. details at considerable length the special application of the aseptic method in nearly all the operations of surgery, even down to hydrocele and catheterism.

The second part of the book is entitled Antisepsis, and Chapter VI. describes the natural history of Idopathic suppuration, and the treat-

ment of Phlegmon in all its forms; relegating to Chapter VII Erysipelas and Pseudo Erysipelas alone. In Part III., Chapter VIII., Tuberculosis, its aseptic and antiseptic treatment is considered; and in Part IV. Chapter IX., Gonorrhœa; in Part V., Chapter X., Syphilis. The work is essentially practical throughout, and not profound. The author frankly admits that the methods he advises are not the only ones which command success, but are such as have been devised and recommended by high authority and corroborated by his personal experience. The typography is excellent, and the general get-up good; but to call the numerous photographs, so liberally interspersed in the text, illustrations, could certainly be justified only on the principle of *lucus a non lucendo*.

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### Personal.

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At the annual Convocation of Toronto University, held June 12th, G. W. Jackes and P. G. Meldrum, received the M.D. degree.

Dr. James Cameron Connell, late assistant to Dr. Mettendorf, of New York, has commenced the practice of his specialty in Kingston.

R. Ramsay Wright, M.A., B.Sc., Professor of General Biology and Physiology in the University of Toronto, has been elected a member of the Imperial Society of Naturalists of Moscow. This is one of the oldest Russian Scientific Societies, and includes in the roll of its foreign members some very distinguished names.

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### Miscellaneous.

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An order which a little girl presented to a Lewiston (Me.) druggist, the other day, read: "Mister Druggist,—Please send ipecac enough to throw up a four-year-old girl."—*Medical Register*.

"Professor, what are your views concerning the schools of medicine and theology?"

*Professor*.—"That depends upon circumstances. When I am slightly ill, I am a homœ-

opathist and a Unitarian; but when I am very sick, I am an allopath and a Calvinist."—*Ex*.

The time has gone by for the study and discussion of inebriety from an exclusive moral standpoint. There is a scientific side which cannot be ignored, and the physician and reformer who fails to realize the progress in this direction is unwise, and has fallen behind in the march of civilization.—*Journal of Inebriety*.

M. Pilliet, of Paris, has been making some studies into the histological lesions which follow from morphine poisoning. The lesions were principally in the liver and brain. In the liver there was fatty degeneration of the cells. The cells of the gall-bladder were also fatty. In the brain there were tracts of granular bodies which penetrated into the substance of the brain. Many of the large cells were fatty and atrophied.—*Journal of Inebriety*.

At the recent Medical Convocation of Toronto University, two Whitby boys, Messrs. J. H. Collins and L. F. Barker, got the 1st scholarship of the 3rd and 2nd years respectively. For four years previously the 1st year scholarships had been taken by Whitby boys. In 1884, W. D. Greene, got the 1st scholarship; in 1885, J. A. Palmer, got 2nd scholarship; in 1886, J. H. Collins got 1st; and in 1887, L. F. Barker took 1st, J. H. Collins taking 2nd in the same year at same examination. This year's sweep of 2nd and 3rd year scholarships by Collins and Barker completes an interesting series of successes for Whitby young men.—*From the Whitby Chronicle*

ABSTRACT FROM REPORT OF COMMITTEE ON BEST METHODS OF EXECUTING CRIMINALS.—The committee report (*Medico Legal Journal*)c

That hanging should be abolished as cruel, and contrary to the public sense of our civilization.

That as a substitute for the present death penalty, we would recommend:

1. Death by the electric current; or,
2. Death by hypodermatic, or other injection of poison; or,
3. Death by carbonic oxide gas injected into



a small room in each jail, as recommended by Prof. John H. Packard (Med.-Leg. Papers, vol. 3, p. 521), giving our preference to the first, or death by the electric current.

That in our judgment executions should be private and not public.

That if it were possible to prevent the publication of details of executions in the public press, it would be a public good.

#### WOOD-WOOL SHEETS FOR ACCOUCHEMENT.

—These recently devised sheets are composed of a thick layer of wood-wool, enclosed in a gauze cover. They absorb discharges readily, deodorize all offensive matter, and are far more comfortable than rubber sheets. They are made at present in London.—*Med. News.*

PAUSES.—One of the best instances of pause occurred in a letter received by a popular physician. This gentleman was pleased with a certain aerated water; and by his recommendations, he managed to secure for it some celebrity. For this, he expected neither reward nor thanks. Imagine his surprise, therefore, when he received one day from the makers of the aerated water an effusive letter, stating that his kind recommendations had done so much good that they ventured to send a hundred—(here the page turned over). “This will never do,” said the doctor. “It is very kind, but I will never think of accepting anything.” Here he turned the page, and found the sentence ran—“of our circulars for distribution.—*Chambers's Journal.*”

#### SACREDNESS OF PROFESSIONAL CONFIDENCES.

—The laws themselves recognize the sacredness of professional secrets, and indeed go so far, in some States, at least, as to reject as incompetent any testimony offered in court by a professional man, to facts that have come to his knowledge in his professional capacity. The professions thus privileged are those of law, medicine and divinity. The fact is recognized that professional men cannot render their peculiar services, in many cases, without being put in possession of information which might be incriminating to their clients, and the betrayal of

such secrets would be tantamount to compelling a man to testify against himself.—*The Pharmaceutical Era.*

BILL NYE AS A SCIENTIST.—He thus elucidates a knotty point in anatomy for a Louisiana man:

*Mr. Wm. Nye, New York City:*

DEAR SIR,—Knowing the vast extent of your attainments in the domain of natural science, and being myself an earnest seeker after truth in the same field, I feel free to ask you to explain the meaning of the following sentence, which you will find at page 35, in chapter iii, of a book on “Comparative Anatomy and Physiology,” by F. Jeffrey Bell, M.A., Professor of King's College:

“It happens to many gastrulæ that, their blastopore closing up, they develop an investment of cilia on their epiblast and swim about for a time freely in the water.”

If you can shed any light upon the meaning of this sentence, you will confer a favor upon,

Yours respectfully, JAS. KERSON.  
Marksville, La., Nov. 7, 1887.

I understand the above perfectly well, but I do not know that I can make it clear to you through the medium of the press. I would much rather see you personally and explain it to you. If I could take you into my laboratory for an hour or two, I could give you a better idea than I can in a limited space here. Could you not come on to New York and have this matter settled?

Gastrulæ, as you know, are of two classes, viz: malignant and intermittent. It is the first class that is most likely to get their blastopore plugged up. Then trouble begins. Cilia begins to erupt on the epiblast, and microbes break out all over the duplex. You can't be too careful about this. A blastopore, if I've got the right idea of what a blastopore is, should be brought in every night, or the boys may get hold of it and plug it before it is ripe. I would rather see an epiblast of mine, or a blastopore, or a gastrulæ for that matter, in its grave, than mixed up with an investment of cilia or any other doubtful financial matter.

BILL NYE.

—*New York World.*

## ADVERTISEMENTS.

Professor A. L. Loomis, of the Medical Department of the University of New York, says:—"I prescribe Raw Food Bovine, and prefer it to any similar preparation."

Drs. Ward and Smith, of the Hospital of St. Barnabas, in Newark, declare that "The Bovine was taken and retained by stomachs which had rejected every other form of nourishment."

Wm. R. Warner & Co., have issued the following notice to Physicians:—

"We take this method of denouncing the circulation of certain erroneous reports, as being the outcome of ignorance or malice.

"We have no connection with the firm of H. H. Warner & Co., of Rochester, who make 'Safe Remedies' and other patent medicines.

"Our advertising, is to the medical profession, and our pills and products (Warner & Co.'s) have been used and held in high esteem by the most eminent doctors, during the past thirty years in the United States, and in foreign countries.

"The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations, in the most correct, compatible, palatable and convenient manner, by the aid of skill acquired by years of practice and experience.

"It seems to be necessary to specify Wm. R. Warner & Co.'s Pills and Bromo Soda with Caffeine to obtain what you want."

**THE TREATMENT OF ULCERS.**—An article appeared in the *London Medical Record* for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient, for the first few minutes, feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours, the ulcer cleans, and looks better. Inflammation or ec-

zema of the surrounding parts disappears, and pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Gossich has also had good results with this treatment, and cites some very interesting successful cases.

The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten per cent. solution of phosphoric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.

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## Births, Marriages, and Deaths.

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## BIRTH.

WRIGHT—At Toronto, on 11th of June, the wife of Dr. Adam Wright, of a son.

## MARRIAGES.

DUNCAN—FERGUSON—On Wednesday, June 6th, 1888, at the residence of the bride's father, Thamesville, by the Rev. J. Becket, James Henry Duncan, M.B., of Chatham, to Miss Margaret Helen, eldest daughter of James Ferguson, Esq.

MCLAUCHLIN—HURST—On June 6th, 1888, at All Saints' Church, Toronto, by Rev. A. H. Baldwin, Annie Louise, fourth daughter of the late James Hurst, Cambridgeshire, Eng., to Donald McLauchlin, M.D.C.M., of Charlottetown, P.E.I.

WATSON—WILLOUGHBY—On Wednesday, May 30th, 1888, at the Methodist Church, Port Perry, by the father of the bride, assisted by Revs. J. W. Holmes, J. W. Totten, and W. H. Laird, uncles of the bride, Kells Kathleen Isabel Willoughby, B.A., only daughter of Rev. N. R. Willoughby, M.A., Port Perry, Ont., to George R. Watson, B.A., Ph.D., M.D., of Wellington, Ont.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, AUGUST, 1888.

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### Original Communications.

#### REST IN NEURASTHENIA.

BY A. HOLFORD WALKER, M.D., HAMILTON.

(To have been read at Ontario Medical Association.)

By the term neurasthenia the public and medical profession alike designate a condition protean in its possible forms and manifesting itself, it may be, by disturbances in the functions of any, or even all, of the organs of the body. It is used to indicate certain states of the nervous system, of which the anatomical basis is unknown. In its widest sense the term is used as covering the groups of symptoms usually known by such names as nervous prostration, spinal irritation, neurotic diathesis. Neurasthenia and hysteria must not be confounded as synonymous terms. Hysterical persons invariably, or as a rule, are neurasthénic, but on the other hand, neurasthenic persons are not always hysterical.

The typical neurotic woman is very sensitive, jealous, managing, self-forgetful, wearing herself out for others. Whereas the typical hysteric, whether languid or impulsive, is purposeless, introspective and intensely selfish. In the one is the unwilling defect of endurance. But in the other, defect of the higher gifts, and dominion of mind. The fact, for fact it is, becomes more apparent from day to day, that neurasthenia, with its degenerative ally hysteria, if I may so term it, is alarmingly on the increase, and it behoves us, as the earthly guardians of our fellow-

man, and instruments appointed to look after their bodily welfare, to be earnest in our endeavor to seek the cause, and having discovered it, instruct those in our various localities, how to save the rising generation from a disease that, above all others, brings more continued misery and heartache into any unfortunate family where the viper neurasthenia or the double headed viper neurasthenia with hysteria enters, than any other disease of the present day, with the exception, perhaps, of the life-long drunkard or the insane.

Who among us cannot recall to mind the vivid picture, too often presented to our view, and taxing to the utmost our endeavor to obliterate the dark spot on the canvas, "so to speak," and paint in a new figure to harmonize the whole again.

The anxious father worn down with care and empty purse, from yours and yours, and my long bill. The mother, how shall I describe her sad face—it is too familiar to need description—as also the other figures in the group, save one, the centre figure around which hover the worst traits in our mortal nature, with such an endless variety of symptoms that no two are alike, as Wendell Holmes has truly said, "Is like a vampire sucking slowly the blood of every healthy, helpful creature within reach of her demands." And by the world at large, each member of the group is condemned, on the one hand, the parents and sisters for being too kind and indulgent, and the other, the expression, serve her right, she is only an hysterical, self-

willed thing. But, as Dr. Weir Mitchell truly says, the largest knowledge finds the largest excuses; and, therefore, no group of men, so truly interprets, comprehends and sympathizes with women as do physicians, who know how near to disorder, and how close to misfortune she is brought by the very peculiarities of her nature, and we truly pity the parents and sisters, knowing the trying ordeal through which they are passing. What is the cause of this widespread and increasing malady? and how stay its onward march? Undoubtedly, in many instances, it is inherited from the parents, when slight exciting cause is sufficient to produce it.

Another cause that tends to develop and maintain the neurasthenic tendency is an irregular, unhealthy and overstimulating life, especially at the times of childhood and puberty, and more especially in cases of childhood, where illness has been followed by tedious convalescence—the over-indulgent and tender-hearted mother yields to every whim, no sacrifice of herself or others is too great to grant or demand. Again, the school system of the present day, in a very great measure adds to the evil; I allude more particularly to its effects on young girls between the ages of 14 to 17 or 18, at a time when their physical nature ought to be developed to its fullest extent. What do we find? Long hours in school, and long hours out of school necessarily devoted to study for the morrow's lessons, leaving but little, if any, time for the more necessary out-door amusements and exercises, so essential to the future woman, for the momentous responsibility, "that at that age they fail to realize," of being the coming mothers of the generation yet unborn.

A young lady, at present under my care, gives a synopsis of her school-days, for two years, between her 15th and 17th year. At school from 9 to 12 and from 2 to 4, after 4 music lessons, then to study for the morrow until tea, afterwards her studies were resumed, until 1 or 2 o'clock every night. She tells me she was never able to retire before that hour, in order to thoroughly learn the various studies. "This was at St. Thomas, Ontario," and this patient intellectually is far above the average. She was studying for certificates with the result of utter collapse, and the neurotic girl became hysterical

in its worst degree; and her tender spine underwent no end of blistering, and ultimately cauterization applications, all without avail to the hysterical spine. And from inquiry, I find this is an example of the ordinary routine girls of the present day undergo. What a tremendous tax on any one anxious to keep pace with the daily studies. I could dilate, did time permit, on this question and its many evils effecting both sexes, but I merely desire to call our attention to the matter, in the hope, that, from the study of cause and effect we, "whose duty it is," may be led to advise those in authority in the matter, to adopt a course of instruction more suited to the wants and requirements of the rising generation.

Another cause of the evil is found in the business man of the present day, with his long and late hours of work, irregular meals, bolted in what is termed American fashion, but in my experience the Canadian is not one whit behind his cousin in that respect; "nor in any other," perhaps, you will add; but the chief defect in a business man, as a rule, is the want of holidays and recreation. Day after day, and year after year, business cares and successes and excitement follow each other in daily rotation. Every man ought to have some pursuit apart from his business, to produce a healthy reaction of body and mind. And if of sporting proclivities, spend three weeks every year under canvas, in our Canadian backwoods, and return with the nervous and physical equilibrium restored; for the man of the present is morally responsible for the man of the future.

What is the natural sequence if both parents, or even either one, is sickly and weak? Does not the sad inheritance fall upon their offspring? And knowing this fact, I may ask, what percentage of the young girls of the cities and towns, of the present day, are fit to be healthy wives and mothers? Let each one make the calculation from those of his own immediate knowledge and acquaintance. And the answer, I fear, will be more appalling than would at first sight appear. Do we not find an increasing army of women who are unable to nurse their offspring; is it necessary to ask the cause, or what will be the result, on the next two or three generations? The practitioner in those future



ages will have neurasthenia and hysteria to contend against, in all their glory, a hundred-fold more cunning in deception, if possible ; so much so, that I fancy it will deceive all but those who have grown gray in the profession, as they alone will have had the experience of watching its deceptions and trickery from their earlier days.

There is no one of the present day, or even of the past, that this unfortunate class of cases owe so much, as they do to Dr. S. Weir Mitchell, of Philadelphia ; and we, as a profession, cannot accord him too much praise for the noble work he has achieved, in finding a remedy for the over-taxed multitudes suffering from neurasthenia and hysteria in their various degrees. He is a true type of the pen-and-ink sketch he gives of the requirements of the practitioner who would undertake to successfully treat this unfortunate class. It demands, he says, the kindest charity. It exacts the most temperate judgment. It requires active, good temper. Patience, firmness, and discretion are among its necessities. Above all, the man who is to deal with such cases must carry with him that earnestness which wins confidence. None other can learn all that should be learned by a physician, of the lives, habits and symptoms of the different people whose cases he has to treat. What a true likeness of the man himself. What brilliants will shine in his immortal crown, if he receives one for each unfortunate that he has been instrumental in restoring to health and home.

As regards the treatment for the milder forms of neurasthenia, our first duty on observing its insidious approach in any of our patients is to direct an immediate cessation of whatever pursuit is causing the overstrain, and enjoin from twelve to fifteen hours' absolute rest out of the twenty-four, plenty of nourishing and easily assimilated food, out-door recreations, not to the extent of producing weariness, but more for the benefit of fresh air, and change of air and scene if possible ; and if nauseous drugs are withheld, restoration to health will be both steady and rapid. When I say twelve to fifteen hours' absolute rest, I mean that the patient is not to be disturbed by any member of the household, or any one else, when seeking repose. If, on every little pretext, she is to be disturbed and questioned

about household affairs, or any other worry, the results will be disappointing ; she must seek the seclusion which her cabin affords, and become for the time being entirely oblivious to her surroundings. For the more severe forms of pure neurasthenia uncomplicated with hysteria, order absolute rest in bed from six to ten weeks, according to the severity of the case, and secure a nurse capable of giving daily applications of massage—one of bright, cheerful and refined disposition. Keep all worries, letters and friends from the patient, feed her every two or three hours, solid food three or four times daily, with milk during the intervals ; when sufficiently restored send her to the seaside for three or four weeks, if in the summer, or to some city for complete change, if during the winter, and your patient will for ever retain a grateful spot in her heart for the man who was instrumental in restoring her to health again.

When you have the complication of hysteria, the patient requires to be removed from all friends, relations, and home associations, and not permitted to hear from them for a varying period of six to ten weeks. These patients require special nurses who have been trained by experience with this class of cases, to successfully cope with the various deceptions of the hysterical girl. And the physician requires to exercise the greatest tact, and in fact to acquire what I can best describe as a mesmeric influence over each case, whereby the patient has that perfect and implicit faith in all statements and modes of treatment adopted, whereby she is, day by day, and step by step, unconsciously led to that stage of health where joyous hope takes the place of abject despair, and she begins to feel a reborn creature once more, and look forward with keen interest to return of health and usefulness ; such a contrast to the unhappy past, it is like the banishment of the unclean or evil spirit of early times, and restoring the sunshine to the long dismal home. I have only been able to touch the salient points of a disease, that I find by experience becomes of greater interest the more one has an opportunity of studying it in its various forms. During the past year I have had some thirty-two cases under my care and observation, the majority of them having tried all other known means of

cure, came as a *dernier resort*, without much hope and very little faith. I will give an outline of two or three, as instances of what the treatment is capable of performing if faithfully carried out. Nettie H., aged 16, had mumps, followed by typhoid fever, in January, 1886. Convalescence was prolonged, with the result I described in the early part of this paper. Produced by the tender-hearted mother and too loving sisters, neurasthenia with hysteria were developed in their worst degrees, the acutely tender spine, intolerance of light, loss of voice, extreme emaciation, thighs tightly contracted on the abdomen and legs on thighs, knees almost touching the mouth; had been in this condition for one year. Was at the St. Catharines hospital for the eleven weeks previous to her coming under my care where she received applications of massage, but without improving her condition. I found her a most pitiable sight to behold—a wizened little skeleton, unlike a human being, and must acknowledge felt great hesitation in undertaking the case. For the first three weeks after admission she absolutely refused all nourishment, even water. I tried the administration by the bowel, but she would strain until it was all voided; I then then applied it by the nostril through a rubber tube, but she would retch until it all came up. And she became so exhausted from resisting, that I felt I was doing more harm than good; day and night she kept up a constant whine, except during snatches of sleep. At the end of two and a half weeks exhaustion became so marked, I ordered the nurse to rub in cod-liver oil three times daily, using the most stinking oil I could procure, with the result that on the third day she whispered to the nurse that she would take her milk if I would stop rubbing on that stinking stuff; from that day the victory was gained, and recovery gradual but steady. Two or three physicians who saw her at the time advised cutting the tendons, to straighten the legs, but the massage gradually did the work and developed the muscles at the same time, the voice returned, eyes became tolerant of light, appetite hearty, sleep sound, and perfect health was the reward for the unceasing care on the part of the nurses.

Another typical case was L. B., aged 19, had been confined to her bed for fifteen months for

supposed incurable disease of the spine, and her life despaired of by many physicians who saw her. It was her case I referred in the body of the paper, giving a synopsis of two years of her school-life, resulting in a complete break down, night after night her friends were called to say the long good-bye. And although sent to me on the advice of a physician who was called in consultation, the relations, as well as the patient, had little or no faith in the result, but in two weeks the masseuse could rub the spine as hard as she liked, and in six the patient was sitting up; and last week, being nine weeks after admission, she was out in the grounds walking about, and will shortly return to her home fully restored to health again. No medicines whatever are administered during the treatment; the bowels, which are invariable extremely constipated, become quite regular from the electricity and massage in about two weeks after admission. The above are extreme cases, but in pure neurasthenia the results are equally brilliant, and the treatment is of shorter duration.

In cases of acute functional mania, I am strongly of the opinion that this treatment is more rational, and will produce better results than any other in vogue at the present time. I am only judging by the result in two cases I had under observation, but it was so marked and satisfactory that I would suggest a trial of it in one of our asylums. The services of a thoroughly efficient masseur must be obtained; one whose disposition has firmness, blended with kindness and tact to a superlative degree. I feel confident the results will be so marked, *if faithfully carried out*, that ultimately this mode of treatment will be adopted in every asylum in our country for the above special form of mania.

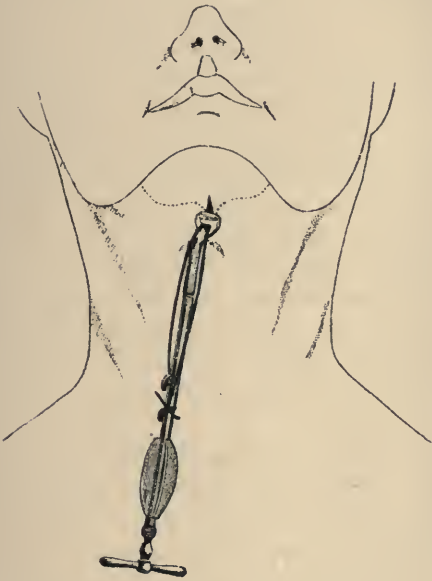
Multiple births seem to be the order of the day; but the wife of a workingman living at St. Julien de Varaville (Manche) probably beats the record with a delivery comprising four male and one female children. Three were born on the 4th and the two others twenty-four hours later. In four confinements this productive female has borne eleven children. A subscription is being set on foot for the unfortunate husband.—*Medical Press and Circular*.



## THE CONTROL OF HEMORRHAGE IN AMPUTATION OF THE TONGUE.

BY PROF. JOHN A. WYETH, M.D., NEW YORK.

In common with all operators, I had met with considerable trouble from hemorrhage in extirpations of the tongue. In 1886 it occurred to me to constrict the vessels distributed to this organ and to the floor of the mouth in this way: When the patient was fully anæsthetized, an incision through the skin and down to the muscles about one inch long is made in the median line, beginning at the hyoid bone and extending upward toward the *symphysis menti*. A long Peaslee's needle, armed with strong silk,



is made to pass in at the centre of this incision, and is carried along the muscles toward the angle of the jaw entering the cavity of the mouth between the base of the tongue and the inferior maxilla. The jaws being widely separated with a gag, the needle is unthreaded in the buccal cavity and withdrawn, leaving the thread in position. The same needle is again threaded, this time with a finer silk, and carried through in like manner on the opposite side. When the point with the double thread accompanying it is seen to project into the mouth, with a tenaculum draw on the silk until it loops sufficiently to allow you to pass the end of the first silk cord between the shaft of the needle and the

loop. By withdrawing the needle the strong cord is brought out at the point of entrance, and thus surrounds the tongue and muscles of the floor of the mouth. A good sized twisted wire, about one-sixteenth of an inch in diameter, is now fastened to the thread and carried in its stead around the tongue. Adjusting this to an *ecraseur*, it can be made to constrict the vessels to any required degree. The operator can proceed with the extirpation of all suspicious tissues, and when through, by gradually easing up on the tourniquet, the bleeding points can be recognized and secured. I have operated by this method several times, and have found it very satisfactory. It is my practice to make a very wide and free removal well beyond the disease and into the healthy tissues; and if the epithelioma is of long standing (4 to 6 months) I dissect out the glands of the submaxillary and carotid triangles. In the mouth I use silk ligatures, as they are more readily tied, and hold better than cat-gut. I prefer Gouduillée's gag, and always in these cases of buccal surgery employ *rectal anæsthesia*. I have used this latter method about twenty times, and have never had an unfavorable symptom.

## TYPHOID FEVER.

BY CHAS. SHEARD, M.D., M.R.C.S. ENG.,

Professor Trinity Medical College.

Abstract of paper read at the meeting of the Ontario Medical Association.

It is fair to assume when the President of this Association requested me to write a paper upon the "Ravages of Bacteria in Blood and Tissues," that he with characteristic liberality placed the whole field of medicine before me that I might select of what would, in my humble judgment, be most profitable for the Society's consideration. I hope none will be disappointed when they learn they are invited to a discussion upon so old a subject as Typhoid Fever. . . . I invite your attention to the subject of typhoid fever, confident that in it we have much to learn and much to unlearn. Let us stop to consider the conditions ordinarily implied in speaking of typhoid fever—these are, as

I understand them, (1) Ulceration or inflammation of Peyer's patches and solitary glands ; (2) Inflammation of the *mesenteric glands* ; (3) Softening, and often pulpy degeneration of the spleen ; and I state that, save in those cases where death occurs from the direct poisoning of the patient with the *matéries morbi* of typhoid during the first ten days, without the conditions marked, the case is not typhoid, and *I would further state that such abdominal lesions cannot exist without abdominal symptoms.*

It is my belief that many cases of septicæmia of various degrees of severity, and from various causes, are mistaken for typhoid, chiefly because we rely upon what is unscientifically called the "typhoid state." I would briefly refer to a case which I had under my care in the Toronto General Hospital, and where I made such a mistake. The patient, L. W., was under my care for the treatment of typhoid for seventeen days, during which she had marked typhoid symptoms—headache, furred and brown tongue, epistaxis, low delirium, and the condition ordinarily seen in typhoid. At the end of seventeen days her typhoid symptoms left her, and marked septicæmic manifestations replaced them, for a subsequent period of twenty-five days, when she died, and I made an autopsy on the case. Confident that I would find the characteristic typhoid lesions, and probably in them trace a cause for subsequent septic inoculations, I searched the abdomen carefully and was disappointed ; no lesions existed, no evidences of a healing or healed ulcer were to be found ; I searched the large bloodvessels and heart, for a cause of the later septic manifestations ; I searched the brain, hoping that some hidden cerebral abscess might explain away my puzzle, but all was in vain. I regarded the case with grave disappointment, and about to leave it, I caught sight of a slight fulness in the right ankle joint ; on opening this I found it filled with the products of a pus-forming inflammation, and on pushing my examination to other joints, I found the right hip and the opposite knee filled with sero-purulent matter, and the structures of the joint destroyed. I may say that during life there had been nothing complained of to call attention to the joints. I now present you the temperature chart, which I claim, during the first

seventeen days of her illness, looked much like what one would expect in a typhoid case ; here was evidently a septicæmia mistaken for typhoid, by relying on the so-called typhoid state and the temperature chart.

To go back to my original statement, that after the first week abdominal lesions and abdominal symptoms must exist to prove typhoid. In support of this I will refer to one of several cases I have observed.

This is the case of A. W., admitted as typhoid into the Toronto General Hospital. She had no marked *abdominal symptoms*, but other indications of typhoid, brown and coated tongue, headache and epistaxis, lumbar-pain, diarrhœa, and from the chart which I show you, you will see is closely similar to a typhoid chart. . . . I felt it would be typhoid ; but this patient, as you will see by her chart, again relapsed—many typhoids relapse—and suffered from recurring febrile attacks. Early in April she developed marked symptoms of tubercular disease of both lungs, and physical signs. In the middle of May last, one month after leaving the hospital, I again examined her chest to find the presence of cavities distinctly indicated, and my patient soon began to succumb to pulmonary disease. Here is a case where I have no doubt the onset of acute tuberculosis was mistaken for typhoid. . . .

I would lay stress upon the error made by so many in relying upon nocturnal exacerbation of temperature as an indication of typhoid. In talking over cases among ourselves, how we say, "I think the case is going to turn out typhoid, he had a rise of temperature last night, and his temperature is down this morning ;" or, as a physician once said to me over a case where I held the diagnosis of typhoid in dispute, "Well, the temperature chart shows typhoid." Let me assert that no temperature chart *can* show typhoid. Do not misunderstand me, gentlemen. I am not saying the clinical thermometer is useless in this disease. It can distinguish the difference between real and feigned disease ; it can show you the degree of acuteness of your case ; it can predict a hemorrhage as faithfully as the barometer can predict a storm, but it cannot write the diagnosis for you ; it cannot supply brains.



The most remarkable symptoms of typhoid fever are abdominal symptoms; they are tympanitis, pain in the right iliac fossa, gurgling, diarrhoea, sometimes a rash; and, at the risk of being considered very elementary, I will, with your permission, refer to some of these symptoms.

*Tympanitis.*—In this, I believe, we have the one symptom which is worthy the most special attention; it is not only of diagnostic value, but of the greatest value in prognosis. This tympanitis, in bad cases, comes on early in the attack, about the third or fourth day; the abdomen is then full, hard and tense, the recti muscles rigid, the percussion note drummy. Such cases run the worst course of any in typhoid; in these the prognosis is the gravest, and you can readily see the reason. . . . If you have the bowel distended with gas, *ad-maximum*, you have clearly the most favorable condition possible for both hemorrhage and perforation. The bowel can be paralyzed by distension, leaving its contents to irritate and aid the process of destructive inflammation. If the walls of the intestinal vessels have been weakened, they are more prone to rupture, because of the great distension of the bowel.

Regarding perforation, I believe the gas in the bowel is more often a cause than the process of ulceration. If you have seen many perforations from typhoid, you will remember the most of them were perforations like pricks with a pin, or a trifle larger; the solitary gland had ulcerated away; the muscle had been irritated by the contents of the bowel remaining in a fermenting state in contact with it; the secretions had been suppressed, because of the same distention, and the thinnest point in the bowel gives way under the pressure. . . . I am of the opinion that abdominal distension can cause death from mere pressure upon the sympathetic nervous system, reflexively slowing the heart's action.

*Pain* in the abdomen is pretty constant in typhoid, and its absence may be regarded as suspicious; the pain is often nearer the umbilicus than the right iliac fossa; but if we have much ulceration going on we can scarcely avoid having pain, especially if the ulcerative process reaches the serous coat of the bowel, which is

here the sensitive membrane, the same as the pleura is the sensitive membrane of the lung. But I can readily believe that in some cases, when the lesion is more of a general inflammation and superficial, more of an enteritis, pain may be absent.

As to the rash of typhoid, it is an unreliable symptom. . . . I think it may be stated generally that it is in the severer forms of typhoid that the rash is most typical, whilst in mild cases it is most frequently absent.

Another point worthy of attention, is whether or not the typhoid poison may not produce some other disease. In many cases where typhoid appears to be of a particularly severe type, the manifestations in the nervous system are also very severe, and perhaps the only marked indications of the disease. If we take those cases where, after the first day or two of illness, coma vigil, or acute delirium marks its advancement, we will find there is little tendency to severe abdominal lesion or symptom; although the patient may linger on for weeks, early death is the rule in these cases. Again, everyone must have noticed the special liability to severe pneumonic complications, where the type of the disease is severe; and this pneumonia also appears early, frequently terminating the case before the abdominal disease has progressed very far. Those cases where pneumonia comes on late—as a pure sequela—are, in my experience, rarely well marked cases of typhoid, and in many of them I think there is room for doubt as to the correctness of the diagnosis of typhoid. . . . I do not wish to state that pneumonia cannot be a sequela to typhoid, but that it is more frequently an early than a late complication. Again, I believe it is quite possible to have a septicæmia arise from typhoid. I mean a septicæmia similar in character to that due to direct pus infection, and am of the opinion that many lingering relapses in typhoid are from this cause. We know it is by no means rare to find a suppurating mesenteric gland near to a typhoid ulcer in the bowel, and there can be no reason why pus there should not enter the circulatory system. Again, where ulcerative endocarditis follows upon the disease there is generally evidence of irritating or septic material having entered the blood vascular system.

As to the lesion of softening and pulpy degeneration of the spleen, this is found in many other diseases besides typhoid, and in the latter is often absent; softening of the spleen is the result of high temperature, and should the temperature be low throughout, little change in the spleen need be looked for; it is one of the earliest of organs to undergo pyrexial softening, and I do not think it is more predisposed to such change in typhoid than in many other diseases characterized by continued elevation of temperature. It is claimed by some that such tissue change can be entirely prevented by the continued administration of antipyretics, but upon the subject of antipyretics light has yet to dawn; it is a simple matter to reduce the temperature in any disease, but quite another thing to know if such reduction is beneficial; those who, in the administration of antipyretics, have in mind the lowering of the temperature *only when its continued elevation threatens the integrity of tissue*, have grasped the great therapeutic principle underlying their employment, and I would question the soundness of that principle, commonly practised, which interprets the elevation of temperature as fever, and the lowering of temperature as its reduction. If disease of the zymotic type are changes involving the oxidation of morbid matter, I cannot but think that the lowering of temperature may lead to the storing up of that material, and in the end to a greater pyrexial increase.

To sum up, gentlemen, what I wish to state is briefly this:

1. That, save in those cases where death takes place from the action of the typhoid poison directly on the nervous system, there must be intestinal lesion to prove the existence of typhoid.
2. That with such intestinal lesion we will have distinct abdominal symptoms.
3. That acute tuberculosis and septicæmic states are often mistaken for ordinary typhoid.
4. That evening rise and morning fall of temperature, as a proof of the existence of typhoid, is deceiving.

In conclusion, let me express the hope that none will think too severely of me for not more closely following my instructions from the President of this Association to discuss "The Rav-

ages of Bacteria in Blood and Tissues." We now trace almost every pyrexial state to its own peculiar germ, and I am convinced that a paper from me, dealing only with the habits, customs and reproductive methods of all of these various bacteria would, whilst, perhaps, interesting to a section of this meeting, not attain to any particular aim. On this account I have claimed the privilege of drawing your attention to a special disease which has been proved beyond question to be of bacterial origin.

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### Selections.

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#### BAMBERGER ON OERTEL'S METHOD.

The first number of the *Wiener klin. Wochenschrift* contains an article by Prof. Bamberger on the applicability of Oertel's method to cases of cardiac valvular disease. Oertel's treatment rests mainly on these two principles: 1. A reduction of the fluids consumed, with a concomitant increase of cutaneous transpirations. 2. Increased muscular activity—viz., walks, lasting several hours, especially mountain rambles, beginning, of course, gradually. Let us closely examine the influence of each of these factors in valvular failure.

1. *The water reduction.*—Oertel assumes, as regards most chronic circulatory disorders, that the chief element in the case is an absolute increase of the quantity of blood, its water being increased and its solids diminished—i.e., that serous or hydræmic plethora exists. "It is true that this condition arises both with and without circulatory disorder, but I cannot agree that in the latter case it is a constant or almost constant factor. Is it the case in valvular failure? Valvular diseases cause an abnormal distribution of blood without necessarily influencing its quantity or quality, though such influence may easily happen through backward action on the blood-forming, secretory, and regulatory organs. But we do not know much about these processes, and the influence of backward action (stasis) is *a priori* still less understood.

Oertel's theory of a serous plethora cannot be upheld; the venous stasis alone is sufficient to account for the symptoms, and no author on the



subject has found it necessary to go further. Removal of water from the system is only justified where there has been an habitual abuse of liquids; in all other cases the organism may be trusted to regulate its water-balance.

2. *The cardiac gymnastic.*—This, the *punctum crucis* of Oertel's method aims at the strengthening of the heart-muscle by powerful contractions, with a rise of blood-pressure throughout the arterial and diminished stasis in the venous system. Hill-climbing is found to be the most effective means. "It may be granted that no better method can be adopted in simple cardiac debility, in fatty deposition, even in commencing fatty degeneration, in passive dilatation from over-feeding and want of exercise, and in convalescence from acute diseases. Oertel was the first to use the method when grave conditions were present, *e.g.*, dropsy, albuminuria, and severe dyspnoea, when rest would have been strictly enjoined by most medical men, and his chief case shows what striking success may attend its use." But the case is different with a diseased organ. It is a law, as old as medicine itself, that such an organ should have no extra work beyond its vital functions, and surely a heart with defective valves is a diseased organ. There is, moreover, a great disposition to inflammatory processes in all three cardiac layers in valvular diseases. Oertel would limit his method to cases of commencing failure of compensation; but even in these there are often present conditions which render cardiac hypertrophy impossible. In the more advanced cases the increased work thrown on the heart is supposed to cause degeneration. "This may be true in a certain number of cases, but not in the majority, at least not exclusively. The changes observed macroscopically and microscopically are often too insignificant to account for death, and we must regard as one of the chief causes of this result the final exhaustion of the central nervous apparatus of the heart. A wide gap exists here between Oertel's theory and his practice, for severe cases are not subjected to hard work, but to mere gentle promenades. This cannot be called a cardiac gymnastic; neither, though such gentle exercise may be productive of the greatest benefit, can it be called new. I myself have not only allowed

but advised gentle exercise in the open air in cases with slight disturbances of compensation.

. . . But over-exertion cannot be too earnestly deprecated, and Oertel himself allowed this, for the advantages to be obtained are quite disproportionate to the dangers incurred." Thus ends Bamberger, and it may be said that on the whole his remarks tend to the support of Oertel's method; for all the cases in which the former deprecates the use of this method are cases in which Oertel himself would deprecate it. Certainly the removal of water from the system is not indicated in thin anæmic subjects, even when œdemata arise. And as certainly does Oertel deprecate severe exertion in dangerous cardiac lesions.—*London Medical Recorder.*

#### SILICO-FLUORIDE OF SODIUM AS AN ANTISEPTIC.

Robson, in the *British Medical Journal*, reports that the following are the conclusions to which he has come, after an extensive and varied trial of the fluosilicate.

1. That "salufer" (silico-fluoride of sodium) is an efficient antiseptic.
2. That the powder is a strong irritant, even acting as a caustic if dusted on a raw surface, and is, therefore, in that form, unavailable for surgical purposes.
3. That a solution of one grain to an ounce of water is quite strong enough for ordinary purposes, in that strength being apparently un-irritating.
4. That a solution of ten to twenty grains to a pint may be safely used to syringe out closed cavities, even where one cannot be certain of all the fluid returning.
5. That the solution is unirritating to the hands, which is no small advantage to those operators whose fingers are easily irritated by the ordinary antiseptic solutions.
6. That the solution acts on the glaze of porcelain after long use, and corrodes steel instruments, but that sponges are unaffected by it. Mr. Thompson kindly suggested to him the addition of bicarbonate of soda to the solution of "salufer" to prevent it corroding steel instruments; this certainly diminishes its action on steel.

7. That a very convenient and comfortable antiseptic poultice may be made by soaking Gamgee tissue or absorbent wool in a hot solution (ten grains to the pint), wringing it free from excessive moisture, applying it to a wound, and covering with gutta-percha tissue.

8. That although for ordinary surgical work he may still employ perchloride of mercury, in all cases where there is danger of absorption, as in syringing out cavities, he will employ "salufer."

9. That he believes "salufer will prove to be of great use to obstetricians, it being both safe and efficient.

10. That it acts very efficiently as a deodorizer to the hands. After examining carcinoma of the uterus or rectum, by washing and steeping the hands in a saturated solution, the odor was removed more efficiently than by any solution with which he is acquainted. Messrs. Reynolds & Branson have made some compressed tabloids, each containing forty grains—that is, sufficient to make a quart solution. They have also been good enough to carry out his wishes in making a dressing of "salufer" wool.

In all the cases related this "salufer" wool has been the dressing employed, a layer of gauze wet with the "salufer" lotion covering the wound, and intervening between it and the wool.—*Med. News.*

#### CASCARA SAGRADA IN RHEUMATISM

Its effect on rheumatism I discovered by accident. About three months ago I was attacked with severe rheumatic pains in my shoulder, the slightest motion causing intense pain. The third day of the attack I commenced taking as a laxative ten drops of the cascara t. i. d. The first morning after taking it the pains were so much less severe that I could move my arm freely. The day following I was entirely free of all discomfort.

Although, as I have intimated, I had not taken the cascara with any idea of relieving the rheumatism, it occurred to me a few days later that possibly the sudden subsidence of pain might have been due to the drug. There being a few cases of rheumatism in the wards, I determined to try to verify my suspicions. Dis-

continuing the salicylates, iodides, etc., which these patients were taking, I substituted ext. cascarae sagradae fl., 1 c. c., t. i. d. The result astonished me. Within twenty-four hours there was marked improvement in every case. One case especially is worthy of notice. The patient was a Swedish sailor who had been admitted three months previously. He suffered intensely, and, although almost everything had been given from which relief might be expected, his suffering was not allayed. For a day or two after admission he improved on large doses of salicylate of sodium, but subsequently the pains returned as badly as ever, and the salicylate had no further beneficial effect. Iodide of potassium was given several different times, but, owing to an idiosyncrasy, could be continued only two days at a time, a profuse rash making its appearance over the patient's entire body, the pains remaining as acute as ever. They were not confined to any two or three joints, but felt in all, being more severe, however, in the wrists, finger joints, and ankles, all of which sometimes became œdematous. On the evening of February 5th I commenced the exhibition of fifteen-drop doses of *Cascara sagrada* three times daily. The following morning he was about the same; the second day he was much better; on the seventh day he was so far recovered that he asked and obtained permission to walk out. From this on he continued to improve steadily, and on the 17th of February was discharged recovered.

I have since used the cascara in fully thirty cases, some ten of which were in out-patients, and, with the exception of three or four in which there was a syphilitic taint, I have obtained the most satisfactory results. I commenced with 1 c. c., t. i. d., and have so far never had to increase it beyond 1-5 c. c., and even to this extent in but two cases. I have seldom had to wait beyond twenty-four hours for beneficial effects. In two cases I had to stop it temporarily owing to its opening the bowels too freely. In such cases I would suggest that one of the preparations of iron be given (separately) at the same time. I usually combine it with syrup or glycerine in equal parts, and instruct the patient to take from thirty to forty drops in water. In one case, in which neither it nor the salicylate of



sodium appeared to give much benefit, I combined the two with good effect. It is but seldom the bowels are opened too freely by it, the cases above referred to being the only ones I have so far observed.—*Dr. H. T. Goodwin, in New York Medical Journal.*

### PERNICIOUS ECLAMPSIA.

At a recent meeting of the Imperial Royal Medical Society of Vienna, Professor Gustavus Braun reported a remarkable case which he had the opportunity of observing at his clinic, during the month of March of the current year. A woman, twenty-eight years old, who had already been confined twice, and frequently suffered from peculiar spasmodic attacks, was, on March 17, admitted into his clinic in an unconscious condition. She was then in the seventh month of pregnancy, and suffered with typical eclamptic attacks. The patient was exceedingly pale, with slow respiration; pulse, 68; she foamed at the mouth, and had bitten her nether lip. There was much albumin in the urine, and a few casts. As labor had already begun, and the cardiac sounds of the child could not be heard any longer, rapid delivery of the woman by operation was determined upon. The child was extracted, the placenta artificially displaced, and artificial respiration practiced upon the patient. Death, nevertheless, occurred, owing to pulmonary œdema. Dr. Paltauf reported on the results of the *post-mortem* of this interesting case. A great quantity of liquid blood was found in the abdominal cavity; the hepatic capsule was detached by a layer of blood. The liver was enlarged throughout; the hepatic tissue was yellow, and pervaded by small blood extravasations. Interstitial nephritis, cerebral œdema, and general anæmia were, moreover, present. The blood was unusually liquid. Dr. Paltauf mentioned some similar recent observations, and quoted the publications of Virchow, of the years 1881 and 1882, on cases of poisoning with sea-mussels, in which similar changes of the liver as in the case above mentioned were found to be present. Dr. Braun excluded poisoning with phosphorus and the presence of pathogenic bacteria, and arrived at the conclusion that they had to deal with a peculiar case

of pernicious eclampsia, which was probably due to poisoning. In such cases the chemical poison entered the intestine and the liver; it afterward gave origin to a capillary phlebitis, stasis, blood extravasations, and even to partial necrosis of the tissue. As nephritis was present in all these cases, an elimination of the poison could not take place, and rapid death, for this reason, invariably occurred. The detachment of the hepatic capsule and the hemorrhage into the abdominal cavity were to be explained by the changes of the liver and the results of the artificial respiration.—*Medical Press and Circular.*

### THE USE OF ANTIPYRINE DURING LABOR.

Although it is written, "In sorrow thou shalt bring forth children," it is the laudable aim of the obstetrician of to-day to mitigate, in so far as he is able, the pangs of childbirth. The means to this end to which we may resort without damage to either the mother or the child are few in number, and the most valuable of all justly finds its chief rank after the completion of the first stage of labor. . . . The excellent results yielded me by antipyrine in dysmenorrhœa and other affections where it is a question of nerve pain, have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been similarly used by others, but if such be the case I have seen no record of their experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen-grain doses every three-quarters of an hour till three to four doses have been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the

mother nor the child have presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and the third may at any time be made through resort to chloroform.—*Dr. Egbert H. Grandin, in New York Medical Journal.*

#### SALINE PURGATIVES IN THE TREATMENT OF TYPHLITIS AND PERITONITIS.

At a recent meeting of the Midland Medical Society I showed a patient who had recovered from an undoubted attack of acute peritonitis, secondary to typhlitis. In this case opium and belladonna failed to give relief, while the administration of sulphate of magnesium and sulphate of sodium in half-drachm doses with ten minims of tincture of belladonna every four hours was quickly followed by improvement, the motions, at first liquid, becoming more and more solid till normal stools were passed. Two or three slight relapses in this case were at once checked by the mixture, and the man rapidly recovered, there remaining a small induration in the right iliac fossa.

Since the above case was recorded, I have had under my care at the Workhouse Infirmary a severe case of typhlitis. I gave the same mixture as in the first case, with great relief; in fact, enemata of soap and water and of glycerine failed to evacuate. After continuing the medicine for a week the bowels failed to act, and in a few days the abdomen was distended, there being dulness in each flank, with a distinct thrill on percussion, all the signs, in fact, of fluid in the peritoneal cavity being present. The patient was very prostrate, having been allowed only a pint of peptonised milk and a pint of beef-tea a day. I gave him three ounces of whisky, and the next morning he passed an enormous liquid motion containing scybala. I continued the stimulant and allowed him another pint of milk. He continued to pass large motions with scybala, the enlargement

of the abdomen and other signs of fluid in the peritoneal cavity completely disappearing. Evidently the saline aperient had caused a large flow of fluid into the intestine, but the bowel was not sufficiently powerful to evacuate it; restoration of tone by stimulants at once enabled the bowel to empty itself. At this time another complication appeared in the form of a painful swelling of the left parotid gland, which, however, subsided without supuration. Finally, the patient completely recovered, and was discharged six weeks from the time of his admission.

It seems to me that in typhlitis due to faecal retention, and in peritonitis from the same cause, saline purgatives are of great value, especially if enemata fail to act. In moderate doses they do not cause peristalsis, their action is quite painless, and they are exceedingly useful in washing away hardened scybala. During their administration the abdomen should be frequently examined, and any accumulation of fluid in the intestines treated by stimulants.—*C. W. Suckling, M.D., M.R.C.P., in Brit. Med. Journal.*

#### INCISED WOUND OF THE HEART.

In the *Centralblatt für Chirurgie* a notice is given of the following case of incised wound of the left ventricle of the heart, where healing had taken place, reported by A. P. Kiawkoff in the *Russkaja Medicina*.

In a quarrel one Cossack stabbed another in the left side. When the surgeon arrived, the patient was found lying insensible and breathing stertorously. On inspection, a wound was found one and a half inches in length, in the fourth intercostal space, in the mammillary line, and running parallel with the borders of the ribs. The wound was washed off, a bandage applied, and restoratives given, on which the patient recovered consciousness. Next day the general condition was good. Pulse ninety and small, temperature 100° F. On percussion the upper border of the dulness was found in the fourth intercostal space; no apex beat could be made out; lower border of dulness at the upper border of the seventh rib; the right border lay to the right of the right parasternal line; the left



border about one inch to the left of the left mammary line.

The day following the patient was taken to the hospital; after four weeks' sojourn there, left apparently well. Five days after leaving the hospital he fell dead while in the act of lifting a heavy weight.

The autopsy showed the wound in the skin perfectly healed. The wound in the parietal layer of the pericardium was also found healed, with adhesions to the walls of the thorax. The pericardial cavity was filled with dark blood. A gaping wound half an inch in length was found leading into the left ventricle. The edges of the wound were thickened, and the outer layers of the surrounding muscular tissue were softened, slight fatty degeneration having taken place. There was subacute endocarditis.

We have here a case of healed wound of the left ventricle of the heart, from which, however, the patient died because of overtaking the heart at too early a period. The cicatrix was too recent and tender, and the endocarditis had not yet passed off, and because of this the effort of raising a heavy weight raised the blood pressure in the ventricle too high, and as a consequence the cicatrix gave way.

Up to the present time seven per cent. of wounds of the heart have healed.—*Dr. D. W. Montgomery, in Pacific Medical Journal.*

#### RECTAL INSUFFLATION OF HYDROGEN GAS IN THE DIAGNOSIS OF INTESTINAL WOUNDS.

Dr. N. Senn, in his remarkable paper on the above subject (*The Medical News*, May), comes to the following conclusions:

1. The entire alimentary canal is permeable to rectal insufflation of air or gas.
2. Inflation of the entire alimentary canal, from above downward, through a stomach tube rarely succeeds, and should, therefore, be resorted to only in demonstrating the presence of a perforation or wound of the stomach, and for locating other lesions in the organ or its immediate vicinity.
3. The ileo-cæcal valve is rendered incompetent and permeable by rectal insufflation of

air or gas, under a pressure varying from one-fourth of a pound to two pounds.

4. Air or gas can be forced through the whole alimentary canal, from anus to mouth, under a pressure varying from one third of a pound to two and a half pounds.

5. Rectal insufflation of air or gas, to be both safe and effective, must be done very slowly and continuously.

6. The safest and most effective rectal insufflator is a rubber balloon, large enough to hold four gallons of air or gas.

7. Hydrogen gas should be preferred to atmospheric air or other gas, for purposes of inflation in all cases where the procedure is indicated.

8. The resisting power of the intestinal wall is nearly the same throughout the entire length of the canal, and, in a normal condition, yields to a diastaltic force of from eight to twelve pounds. When rupture takes place, it either occurs as a longitudinal laceration of the peritoneum on the visceral surface of the bowel, or as multiple ruptures from within outward at the mesenteric attachment.

9. Hydrogen gas is devoid of toxic properties, non-irritating when brought in contact with living tissues, and is rapidly absorbed from the connective tissue spaces, and all of the large serous cavities.

10. The escape of air or gas through the ileo-cæcal valve, from below upward, is always attended by a blowing or gurgling sound, heard most distinctly over the ileo-cæcal region, and by a sudden diminution of pressure.

#### BRADYCARDIA.

Dr. F. Grob, in *Deutsches Archiv f. klin. Med.*—The term bradycardia is here used by Grob to distinguish a series of phenomena associated with a slow pulse, bradycardia having been proposed by Eichhorst as a suitable term in contradistinction to tachycardia, where we have a very rapid pulse.

Grob considers cases to come within the scope of the term bradycardia, in which, during observations extending over a series of days, the pulse did not reach, on more than one occasion, the rate of sixty beats per minute. Employing

the term in this sense, he has observed 100 cases of bradycardia, and he classifies them under three headings:—

1. Physiological bradycardia.
2. Idiopathic bradycardia.
3. Symptomatic bradycardia.

By physiological bradycardia he understands cases observed in healthy persons, or where the complaint for which the person was under treatment had no connexion with the slow pulse, and the affection was not associated with any symptoms which could be attributed to it. Idiopathic bradycardia is seen where the circulatory apparatus is healthy, and the other organs are not the seat of any disease, but where a slow pulse and troubles dependent thereon are seen as an independent affection. Cases grouped under the term symptomatic bradycardia are those where a slow pulse is observed as a transitory phenomenon in the course of some disease, and such slowness of pulse is only to be regarded as a casual connexion. This group comprises by far the greatest number of the cases observed, 93 per cent. of all cases of bradycardia coming under it.

Grob draws the following conclusions from his own observations on 100 cases, and from a consideration of 40 other cases recorded by various observers:—

1. It is in the highest degree probable that bradycardia or slowness of the pulse may be found as an independent neurosis.
2. The slowness of the pulse is frequently associated with symptoms; the most common ones being attacks of fainting, feeling of oppression in the cardiac region, epileptiform and apoplectiform attacks, seizures of dizziness and feelings of weakness.
3. Bradycardia is not uncommonly associated with rheumatism.

4. Males are very much more frequently the subjects of bradycardia than females.—*Medical Chronicle*.

A POINT IN DIAGNOSIS.—APPLICABLE ONLY TO BABIES.—Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, the baby is strong and well; if they are soft, as if they were boiled turnips in a bladder, the child is out of sorts.—*Texas Med. Jour.*

EFFECTS OF ACUTE AND CHRONIC COCAINE POISONING.—Dr. V. Zanchevski, of St. Petersburg, has published some observations on the pathological changes found in the bodies of animals poisoned by cocaine. The experiments were made in two series. In the first series the animals (dogs) were given hypodermically a single lethal dose of cocaine—viz., three centigrammes per kilogramme of the weight. In the second series of dogs chronic poisoning was induced by the subcutaneous injection of a much smaller quantity—about a fifth part of the lethal dose was given every day for six days. . . . At the beginning the immediate effect of the cocaine was seen in increased frequency of the cardiac beats and of the respiration, which, however, did not last more than a quarter of an hour. Afterwards great weakness of the legs came on, the animal remaining in a sitting posture and swaying its head to and fro. The pupils were dilated and sensation intact. In three hours the normal condition returned. When larger doses were given the disturbance was greater, the animal commencing to try to run about, and the subsequent weakness lasting for a longer period. The general results obtained by observation of the animals during life and by *post-mortem* examination of the bodies, showed that in acute poisoning the mode of death was asphyxia. In chronic cases without asphyxia there was a marked hyperæmic condition of the central nervous system, which presented a contrast to the state of the rest of the organs, which were anæmic. Albuminoid degeneration was especially marked in the ganglionic cells of the spinal cord and the nerve cells of the heart ganglia; it was present also, but in a less marked degree, in the muscular fibres of the heart, in the ganglionic cells of the medulla oblongata, and in the hepatic cells. In these last there was found an accumulation of glycogen. In chronic poisoning the degenerative processes were found to have advanced further in the cells of the spinal cord and medulla, minute cavities, atrophy, and hyaline degeneration being noted. In the heart there was fatty degeneration of the muscular tissue; in its nerve ganglia there were fatty degeneration, minute cavities, and simple atrophy; and in the liver atrophy of the hepatic cells was present. The vascular system was most



affected in the spinal cord, there being cellular proliferation and hyaline degeneration of the coats. In the heart and liver an atrophic condition of the tissues was found, also a swelling of the endothelium of the capillaries of the cardiac ganglia.—*Lancet*.

#### NUTRITIVE VALUE OF WINE IN DISEASE.—

Prof. Binz, of Bonn, in a recent number of the *Medical Press and Circular*. A matter of great importance is the decision as to the nutritive value of spirits of wine in disease. We can by this naturally only mean the respiratory value, not its value as a builder up of tissue. With the view that alcohol passes out of the body *en totalité et en nature* there could not, of course, be any talk as to its nourishing power. This view had become so firmly grounded that earlier German labors with an opposite result, a later English refutation, and fresh researches of my own pupils are not able to make headway against it. A thorough investigation in my laboratory had given the result, that with moderate doses of alcohol, most passed out through the kidneys and lungs, a much smaller quantity through the skin, and not any through the intestines. Altogether about 3 per cent. thus passed out. Heubner, in conjunction with the author, had before ascertained that in pyrexial diseases the excretion of undecomposed alcohol through the kidneys was within the above-named low figures, and often nothing at all. Alcohol can only be burnt off in the system into carbonic acid and water. Where it is burnt, however, it produces warmth, and this can be made use of as a vital power for keeping up movements, without the continuance of which we could not exist. The simple arithmetical use of calometrical works shows that a litre of medium Rhine wine is equal in nutritive value to five or six meat spoonfuls of easily digestible oil, over which it has the great advantage of immediately and directly raising the functional activity of organs, and of passing without difficulty into the lymph and blood channels. Above all, however, albumen is spared. The physiology of nutrition teaches us that the decomposition of albumen is slight, so long as there is a supply of hydrocarbons, or other combustible substances present.

In agreement with this, we see in the urine the products of the decomposition of albumen diminish when moderate quantities of alcohol are taken. That is a fact, concerning which all investigators have been agreed, the only one in the whole pharmacological question of alcohol in which no marked contradiction has cropped up. So far as theoretical investigation has anything to say, I hold the question: Is alcohol a food? to be settled in the affirmative.

INVESTIGATIONS ON THE MEANS OF DIFFUSION OF THE TUBERCLE BACILLUS. — Cornet (*Münchener medicinische Wochenschrift*, 308) has experimented with the dust obtained from the walls and floors of various dwellings in which tuberculous patients had been; inoculating guinea-pigs with it, and carefully excluding all possibility of infection from outside sources. In this way twenty-one rooms of seven Berlin hospitals were examined, and bacilli found to have been present in the dust from most of them. Positive results were also obtained with the dust from insane asylums and penitentiaries. The dwellings of fifty-three tubercular patients were investigated in the same way, and the dust in the neighborhood of twenty patients found to be virulent. It was the case with absolute regularity that the dust was always virulent when the patient had been in the habit of spitting on the floor or in a handkerchief; while it was never so when a spit-cup had been employed.

The author further found that smearing of tubercular material over quite small wounds was sufficient to produce the disease. He tried the effect, too, of the different medicines recommended for the treatment of tuberculosis, but was unable to check or prevent the disease in the guinea-pigs which had been inoculated; even the sending a half dozen of them to Davos was without effect.—*Am. Jour. Med. Science*.

EUTHANASIA.—In a work entitled "Euthanasia," Dr. William Munk, of London, discusses an important but much neglected branch of therapeutics, the rendering of aid and comfort to the dying. There are few positions more trying to the physician than to stand at the bedside of the dying and endeavor to mitigate the pangs of the death which cannot be averted. The

physician then finds all his resources taxed to the utmost, and will be glad of the suggestions contained in Dr. Munk's book. Opium is the main-stay for relieving the last hours of the sufferer, its value depending quite as much on the relief of mental as of bodily pain. It should be given in liquid form to insure absorption. Where there is difficulty in breathing nothing affords so much relief as ether, preferably in the form of the compound spirit. For stimulation, champagne will be found most serviceable, because it is most easily taken. Dr. Munk protests against excluding the light from the dying chamber, and condemns the practice of talking in whispers about the death-bed. It should not be forgotten that the sense of hearing may outlast all power of voluntary motion.—*North-Western Lancet*.

**TREATMENT OF CHANCROID.**—The most satisfactory treatment for chancroid which I have employed is thorough cauterization with pure nitric acid and the subsequent application of salicylic acid powder—the object being, first to convert the infected ulcer into a healthy one, and then to prevent reinfection of the wound. While this method succeeds admirably among the better class of patients, it often fails completely in hospital practice from a failure to carry out the after treatment. I have frequently seen reinfection take place in ulcers that have been perfectly healthy for several days, by simple contact with clothing upon which the dried secretions from the original sore had been allowed to remain.

A method, which in my hands has proved valuable in this class of cases, but which, as will be seen, is applicable only to chancroids occurring behind the corona glandis, is the following:

The organ is cleansed with a strong solution of bichloride,—all ulcerated points thoroughly destroyed with nitric acid. Salicylic acid powder is then heaped upon the wound and covered by a strip of thin rubber protective which completely encircles the penis. This should be snugly applied and held in place by a few layers of absorbent gauze and a small bandage. The heat and moisture of the body soon cause the thin rubber tissue to adhere closely to the skin, completely sealing the wound; its elasticity,

also, allows of considerable change in the size of the penis without disturbance. This dressing should be left in place for from three to six days, and completely protects against reinfection. If properly applied the resulting ulcer is always healthy, and closes rapidly. I have applied this method in ten cases, with most satisfactory results, in several of which very extensive ulceration was present.—*Dr. Brewer, in Journal of Cutaneous and Genito-Urinary Diseases*.

**LEUCOCYTES AND MICROBES.**—Some interesting observations have recently been made on the attitude of the corpuscles contained in the lymph of frogs, towards microbes, and towards the *bacillus subtilis* in particular. A regular fight takes place between the leucocytes and the bacilli. When they come into proximity, the white corpuscle extends itself, and grasps one end of the bacillus, to which it imparts a lateral movement. Gradually it elongates itself, and envelops the bacillus in a tube of protoplasm, other leucocytes come to the help of the first, and the bacillus is absorbed and destroyed. The number of bacilli which a single leucocyte can ingest does not seem to be limited. Its voracity has no bounds. Some have been seen to devour from forty to sixty bacilli, and have been so stuffed with them that the homogeneity of the protoplasm was interfered with. As a rule, however, after consuming some five or six of the invaders, the leucocytes take a period of repose, followed by a renewal of activity. The observations by M. Gallemaerts on the *bacillus subtilis* coincide with those of M. Metschnikoff on the *bacillus anthracis*.—*Medical Press and Circular*.

**NEW STAIN FOR TUBERCLE BACILLI.**—The London *Lancet* gives Prof. Lubimoff the credit of introducing a new stain, Borofuchsin, for distinguishing the *B. tuberculosis* from all other bacilli in sputum or tissue, which by this method remain colorless:

R Fuchsin . . . . .	8 grains.
Boric acid . . . . .	8 "
Alcohol, absolute . . . . .	3¼ drachms.
Distilled water . . . . .	5 "

Spread the sputum on the cover-glass and heat in contact with the borofuchsin for one or



two minutes. Wash in alcohol, and immerse in a saturated alcoholic solution of methylene blue for half a minute. Wash again in distilled water, dry, and examine in cedar oil or Canada balsam.  
—*Microscope.*

THE INFLUENCE OF ETHERIZATION ON THE BODY TEMPERATURE. — Dr. Jas. Stewart, in *Montreal Medical Journal*, says: Dr. H. A. Hare, of Philadelphia, in the May number of the *Therapeutic Gazette*, gives an account of some very interesting and important effects of ether on the temperature of the body. In a series of twenty-six operations he found an average fall of temperature of about  $2\frac{1}{2}^{\circ}\text{F.}$ , the greatest fall being  $4.4^{\circ}\text{F.}$  and the least  $.8^{\circ}\text{F.}$  He concludes that the greatest factor in the causation of this very considerable reduction is the ether, and not the shock attending the operation.

The lesson to be taken from Dr. Hare's observations is that means should be taken during the performance of operations to keep up the body heat. To leave the treatment of this state until the operation is over is, as Dr. Hare says, tantamount to "locking the door after the horse is stolen."

The importance of the application of external heat in preventing a fatal fall of temperature is well exemplified in experiments on rabbits with chloral hydrate. An ordinarily fatal dose given to a rabbit whose external temperature is maintained by artificial means has little effect when compared with the same dose given without the employment of external warmth.

ON THE TREATMENT OF SEBACEOUS TUMORS. — Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious. The following is the method I have adopted in such cases, and with marked success. With a cataract knife (Graefe's) puncture the cyst, and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the

growth, or any ill effects. The method, if tried, will be found to have many advantages apart from its simplicity and thoroughness.—*British Medical Journal.*

NUTRIENT ENEMATA. — Dr. Ewald, of Berlin, has just made known his usual method of preparing nutrient enemata. He says that in hospital practice an enema may be made most simply by beating up three or five eggs with four or five ounces of a fifteen or twenty per cent solution of grape sugar, and this mixture may be carefully injected as most convenient. If needed, starch solution or mucilage water may be added; or, if there exists irritation, a few drops of tincture of opium. An injection of about eight ounces of tepid water should precede the nutrient enema, and the latter should not be given until the bowel is thoroughly emptied. Enemata should not be larger than eight ounces, and this quantity is best given in two or three doses during the day.—*American Practitioner and News.*

THE MICROBE OF TETANUS. — The bacillary origin of tetanus is rapidly being placed on a sound basis. In some recent experiments with a certain bacillus which is credited with this pathogenic power, forty-five guinea-pigs, seventeen rabbits, two lambs, and one sheep, were inoculated with a cultivation, with the result that twenty-seven of the animals died of well-marked tetanus, twelve suffered from tetanic symptoms, from which they recovered, and ten died from acute systemic infection without tetanic manifestations. Although the investigation bore on the pathology of idiopathic tetanus, it is highly probable that traumatic tetanus is due to the same cause.—*Med. Press and Circular.*

OPTIC ATROPHY IN TABES DORSALIS. — M. Galezowski has collated 1029 cases of atrophy of the optic nerve, of which 870 occurred in males and 159 in females. Of this number 717 were cases of locomotor ataxy, in which a syphilitic antecedent was noted 496 times. It is concluded that cases of tabetic optic atrophy comprise about two-thirds of all cases of optic nerve atrophy; that two-thirds of the cases of tabetic atrophy of the nerve are remotely related

to syphilis; and finally, that, though generally incurable, optic nerve atrophy in tabes dorsalis may be arrested when it is accompanied by certain peculiar vascular alterations.—*Lancet*.

### Therapeutical Notes.

#### FOR NASAL CATARRH.—

R Chloral. hydrat . . . . . gr. x.  
 Acid. boric . . . . . ʒij.  
 Glycerini,  
 Aquæ laur. ceras. . . . . āā ʒj.  
 Aquæ . . . . . ʒvj.—M.

Sig.—Apply locally.

#### MENTHOL PLASTER.—

Lead plaster. . . . . 75 parts.  
 Yellow wax. . . . . 10 parts.  
 Resin . . . . . 5 parts.

Melt the resin, and thoroughly incorporate with it—Menthol, 10 parts.—*Am. Jour. Med. Science*.

SALICYLIC ACID AS A DIURETIC.—Huber regards salicylic acid as one of our promptest and most important diuretics. This conclusion, at which he arrived through a series of clinical trials, has also been confirmed by the experimental researches of Largaard. The diuretic virtues of the drug are most pronounced in rheumatic polyarthritis and nervous pleuritis, while in typhoid fever and pulmonary tuberculosis the drug is less active.—*Memorabilien, Medical Review*.

#### TO REMOVE FRECKLES.—

R. Hydr. præcip. albi . . . . . 5 parts.  
 Bismuthi subnitrici . . . . . 5 parts  
 Ungt. glycerini . . . . . 20 parts.

M. Apply to freckles every second or third day, but not more frequently.—*Memorabilien, Medical Review*.

#### "MAGIC CREAM" (LOWNDES).—

R Hydrarg. ammoniat . . . . . 1 part.  
 Zinci oxidi . . . . . 3 parts.

Must be thoroughly incorporated in powder,

sufficient glycerine and lard then added to make a stiff cream. For application to venereal ulcers.

The same can be extemporaneously prepared by mixing one part of the ammoniated mercury ointment with three parts of zinc ointment, and a little glycerine added.

GLYCERINE AS A LAXATIVE. — Novatny is quoted by the *Centralblatt für die gesammte Therapie* for May, 1888, in his report of two hundred cases in which he used glycerine, per rectum, as a laxative. The dose was from thirty to forty-five minims; the effect was generally produced in from one to two minutes; in a few cases two or three hours elapsed before defecation ensued. Novatny considers the effect produced to be due to the increased peristalsis, extending to the small intestine, producing increasing secretion and fluid stools.—*Medical News*.

THE TREATMENT OF WHOOPING-COUGH.—Dr. R. S. Thomson lately read a paper before the Medico-chirurgical Society of Glasgow on the use of nitric acid, ergot, and chloral in the treatment of whooping-cough. According to an extract published in the *Glasgow Medical Journal*, he has observed benefit only from chloral, and that not in reducing the number of the paroxysms, but in mitigating their severity. In the discussion, many remedies are spoken of, and belladonna seems to have acted more favorably than any of the others alluded to, although it is worthy of remark that one of the speakers reported that, while in one epidemic every patient had recovered rapidly under its use, in another it had appeared to be of no benefit at all—wherefore he had come to the conclusion that there was no specific for whooping-cough, an opinion that seems to have been shared by most of the speakers. Some of them even thought that the disease had to run its course, like an essential fever.—*New York Medical Journal*.

One of the best anagrams ever made was that on the name of the celebrated crusty physician, John Abernethy—Johnny the Bear.—*Ex*.



# THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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TORONTO, AUGUST, 1888.

## ANTISEPTIC MIDWIFERY.

In no branch of our profession have antiseptic methods been of greater benefit than in the practice of midwifery. All will concede the necessity for a rigid adherence to the rules which conduce to strict surgical cleanliness during the conduct of labors; but it is likely there will always be some differences of opinion about details.

At a discussion which recently took place at a meeting of the Obstetrical Society of London, the subject of vaginal injections assumed considerable prominence. The majority of those present appear to have expressed their views in favor of systematic vaginal injections of corrosive sublimate solution, continued as a matter of routine for several days after labor. A small minority objected to the indiscriminate use of such injections, either in lying-in-hospitals or in private practice.

After a very careful consideration of this subject for years, some obstetricians, both in the old world and the new, are firmly impressed with the idea that the minority in this case are right, and are consequently decidedly opposed to such routine treatment. Some say, What is the use of objecting? These vaginal injections can't do any harm in any case, and certainly in some cases must do good. The reply given is that such injections frequently do harm—and much injury may be accomplished in various ways—chiefly, however, by the introduction of noxious matter within the genital canal on instruments

employed, or by the weakening effect which in some patients is well marked, or by the nervous or emotional effect, which is occasionally rather serious in some women, who decidedly object to such injections as being disagreeable or nasty.

We believe, notwithstanding the opinions of the majority of the excellent society referred to, that such interference with the "delicious" rest which women so much enjoy after labor—and to which they are well entitled—can fairly be characterized as meddlesome, vexatious, and frequently injurious. Otherwise we are thoroughly in accord with the modern idea respecting antiseptic midwifery in all particulars. Our chief aim should be to adopt every possible precaution to prevent the entrance of septic matters into the system of our patients at a period when, for various reasons, they are so peculiarly susceptible to the evil influences of such poisons. Let all the surroundings be kept scrupulously clean. In order to secure such cleanliness, it is well to wash everything with a solution of the bichloride of mercury. Let the hands of the accoucheur and nurse be made perfectly clean with soap, nail-brush, water, and finally be dipped in antiseptic solution. Let them be cleansed in this solution before every examination, and, at the same time, let the examinations be made as seldom as possible. With our present methods of abdominal palpation as a means of diagnosis, and expression of the placenta, frequent vaginal examinations are quite unnecessary.

Under ordinary circumstances the vagina is perfectly closed, which only dilates sufficiently to allow the exit of fluids from within. The wounds of the uterus, especially the cervix and vagina, heal best when left alone, that is, when the parts have the most perfect possible surgical rest.

The Criminal Court in a town in France recently fined an alienist one hundred dollars, and also compelled him to pay the family four hundred dollars, for publishing in a medical journal "An Observation on Rational Lunacy," in so open a manner that the identity of the patient was apparent.

### EXAMINERS FOR THE ONTARIO MEDICAL COUNCIL.

We publish in this issue a letter from Dr. Cranstone, with reference to the choice recently made of an Examiner in Physiology for the Council. We sincerely trust that neither the writer nor any other physician will think we have any idea of making a personal attack on Dr. Grant. Last year we adopted a similar course in referring to the proposed appointment of Dr. Reeve or Dr. Graham to the position of Examiner in Chemistry. As these gentlemen were warm friends and stockholders in the *PRACTITIONER*, we could have no personal motives in referring to their fitness for the position. While fully appreciating their respective positions as an oculist and physician, each of the highest rank, we failed to see why their distinguished reputations in their specialties made them eminently fit to become Examiners in Chemistry. They were both wise enough to appreciate the condition of matters, and, as a consequence, positively refused to accept the appointment.

Leaving personal considerations out of the question altogether, we fail to see why a rising young man, a graduate in Arts and Medicine and an L.R.C.P. of London, is on this account specially qualified to examine in Physiology. Probably the greatest trouble in connection with these appointments arises from the absurd rule adopted by the Council, that no teacher of any subject in any of our medical colleges shall be allowed to examine in such subject. Such a regulation passeth all comprehension of ordinary mortals.

Imagine the surprise of the profession in Great Britain if a law were enacted whereby surgeons would be compelled to examine in Medicine, physicians in Surgery, and general practitioners in subjects of the Science Course. We see no reason why, in this young and vigorous country, of which we are somewhat proud, the same rules of ordinary common sense which prevail in the Mother Country should not be observed by us.

ANTIPYRIN.—We would be pleased to have for publication the experiences of our readers with antipyrin. Contributions will be cordially welcomed.

### GOATS' MILK AS A SUBSTITUTE FOR COWS' MILK IN FEEDING INFANTS.

It is unfortunate that artificial feeding of infants is more generally necessary at the present time than it ever has been in the past. Accepting this fact, without discussing the reasons for it, the most judicious choice of infants' food becomes a very important matter. Cows' milk is now, as it probably always has been, the most common substitute for breast milk. The vast numbers of various artificial foods appear to increase from year to year, but nothing absolutely satisfactory in all cases has yet been produced. In justice, however, to those who have taken so much trouble to prepare such foods, we must say, that some of them are very efficacious if administered with care and good judgment.

We will probably always depend on the milk of some animal as the most suitable food, when the supply of breast milk is insufficient. Cows' milk in this country is almost universally used, but it has serious drawbacks. The chief of these is the fact that it is not nearly so digestible as human milk, chiefly because the quantity of casein is in excess, and the quality such as to produce a very tough curd. By the use of barley water and other diluents, with the addition of sugar, it may be improved; but the process of dilution should not be carried too far, as, we fear, it frequently is.

The *British Medical Journal*, in discussing this subject, states that the cow is remarkably prone to tuberculosis, much more so than is generally supposed. It quotes Dr. Ritchie as saying that in some localities fifty per cent. of the cattle die of this disease, and that the animals may show no distinctive signs during life, thus making an accurate diagnosis, with our present knowledge, impossible. This is, of course, an extreme view, but the dangers from such a possible source should always be borne in mind. Even when the cows are healthy the milk may be diluted, adulterated or contaminated in its carriage.

As a substitute for the cow the goat is recommended because its milk is more easily digested by infants than that of the cow. An



objection has been raised against goats' milk that it frequently has an unpleasant odor from the presence of hircic acid, but Parmentier says such odor is only observed in the milk of goats that have horns. The goat is generally healthy, easily kept, and so cheap that the poor as well as the rich may purchase and keep one at a small outlay. We believe that these facts are not sufficiently known or appreciated in this country. It is satisfactory to know that the safer goats have the better milk, *i. e.*, the ones without horns.

#### CARBOLIC ACID IN THE TREATMENT OF TYPHOID FEVER.

Among the many communications on this subject to the medical press by writers who are responsive to scientific promptings, we note a paper by Dr. Gramshaw, in the *Lancet*, which advocates the use of carbolic acid in the treatment of typhoid, a method not entirely novel, yet one which merits close attention. Any new experiences offered in connection with the treatment of enteric fever are always acceptable, and, if further satisfactory evidence is adduced, the practice here suggested may have a hearty adoption. One hundred and sixteen cases have been under this treatment. The writer considers he has sufficient data to speak with some authority.

His plan is as follows:—

"The patient is, of course, confined to bed, in a well-ventilated room if possible, and every effort is made to ensure that no particle of solid food of any kind is administered by over-anxious relatives. The diet is restricted to milk, toast and water, barley water, and calf's foot jelly; new milk is always insisted upon as the main support, from a quart to three pints being given to an adult in the twenty-four hours. The carbolic acid is ordered in a mixture, of which this is the prescription: Take of carbolic acid (Calvert's extra pure for internal administration), twelve minims; tincture of iodine (B.P.), sixteen minims; tincture of orange-peel, one drachm and a half; simple syrup, three drachms; water to eight ounces; the dose to be an ounce every four hours for the first fortnight, or until the urgent symptoms yield, when the same dose is administered three times a day. The good

effect is manifested almost immediately. In two days the pulse slows and gains in strength, the temperature falls, the tongue becomes moist, all diarrhoea ceases, and the general condition of the patient is so much improved that, as a rule, in a week all anxiety is at an end, and the case progresses quietly towards recovery. It sometimes happens that a case is cut short by this treatment as suddenly as is a case of acute rheumatism by the exhibition of salicylate of soda; but more generally the fever runs its course of thirty days before all danger of relapse is past, and I have found it better to continue the medicine until the thermometer shows no rise of temperature for three or four clear days. If the pulse at any time rises above 120, the temperature 105°, or if sordes form on the lips or teeth, either champagne or brandy, and sometimes both, are given every two hours. This, however, is rarely necessary. Complete abstinence from any kind of solid food until all traces of fever have disappeared is insisted upon, and when the patient does return to his ordinary diet, the resumption of solids is a gradual progress from soup to boiled sole, chicken, mutton, and soft vegetables."

#### ELECTROLYSIS IN THE TREATMENT OF THE DISEASES OF WOMEN.

A very important discussion on the subject of Electrolysis in the Treatment of Diseases of Women took place recently at a meeting of the Obstetrical Society of Great Britain. A great difference of opinion was manifested, and the tone was rather bitter at times. Dr. Playfair spoke strongly in favor of the method, while Dr. Bantock was opposed to it. It seems strange that, after so much earnest work by very able men in various parts of the world, no very definite conclusions, which are generally accepted, have yet been reached.

We have watched carefully the reports and discussions on the subject, and must conclude that the subject is still *sub judice*. The adherents of the method have scarcely as yet made out a case; but, at the same time, we think they should not be subjected to harsh and unjust criticisms. Let them by all means be encouraged to go on with their work, and if they

are able to show definitely that electrolysis is beneficial, the profession should be in a position to endorse it heartily.

There is no doubt that the methods proposed and adopted by many are not devoid of danger. Novices should, therefore, be very careful in using it. We know the grave dangers connected with such kinds of treatment in the past, and we sympathize with those who are laboring so faithfully to overcome these dangers and place the use of electrolysis on an exact and scientific basis.

#### CANADIAN MEDICAL ASSOCIATION.

The following papers have been promised for the meeting of the Canadian Medical Association, which will be held in Ottawa, on the 12th, 13th and 14th of September:

1. Face Presentations—Dr. W. M. Mackay, Woodstock
2. The Mortality of Pneumonia—Dr. Wm. Osler, Philadelphia.
3. The Duty of the Medical Profession under the Public Health Act of Ontario—Dr. Wm. Canniff, Toronto.
4. On some Minute but Important Details in the Management of the Continuous Current in the Treatment of Fibroid and other Diseases of the Uterus—Dr. A. L. Smith, Montreal.
5. A Case of Resilient Stricture of the Urethra Cured by Electricity—Dr. A. L. Smith, Montreal.
6. On the Treatment of Varicocele and Orchitis by the Electrical Current—Dr. A. L. Smith, Montreal.

Papers have also been promised by Drs. Fenwick, Shepherd, Alloway, Blackader, and Bell of Montreal.

#### HOSPITALS IN GREAT BRITAIN.

A variety of circumstances have combined to affect very materially the hospitals of Great Britain. From a letter which appeared in the London *Times*, written by Mr. Loch, we learn that the deficiencies in the London hospitals last year amounted to half a million dollars, and two thousand beds were unoccupied through want of means. The number of patients for a

year treated in London was about a million, and it appears that what we may call the hospital population is increasing from year to year.

It has thus happened that, during the depression in financial circles lately, the incomes of all the London hospitals have decreased, while the demands of an increasing number of patients have largely increased. We have a good example of the serious condition of things in St. Thomas's Hospital, where the exigencies of circumstances have compelled the trustees to keep a large number of empty beds.

What should be done as a remedy for this unfortunate state of affairs? Mr. Loch, in the letter referred to, suggests that an investigation of the whole subject by a Royal Commission is absolutely necessary. If such a Commission were appointed, what would it do? In England no satisfactory answer to this important question has yet been given. It is scarcely likely that we in Canada can solve the difficult problem. If, however, we were allowed to make a suggestion, we would recommend the public of the Mother Country to raise more money, and the authorities of the hospitals to exercise greater economy.

#### INTRA-UTERINE INFECTION.

Prof. Bollinger has communicated an important paper on the more recent observations of intra-uterine infection to the *Münchener Medical Woch*, from which we give a brief summary:—

*Anthrax*.—It has been the experience of clinicians that the bacilli of anthrax rarely pass to the placenta, but a case occurred in Marburg, which furnished positive evidence of infection. *Charbon symptomatique*.—Alving, Cornevin, and Thomas have proved experimentally the presence of the bacilli in the foetal blood. *Glanders*.—Both clinically and by experiment, it has been demonstrated that an animal suffering from glanders may bring into the world offspring both sick and sound; the same may be said of *hydrophobia* and *variola*. *Typhoid*.—It is certain that 63% of those ill of typhoid when in the pregnant condition abort, Neuhaus has in one case observed the infection of the foetus. *Recurrent fever*.—Spitz and Albrecht have detected the spirillum of Obermeier in the foetus. *Cholera*.—Positive evidence has been presented by Tizzoni and



Cantani that the comma bacillus is frequently to be found in the blood, and in a single case in the cerebro-spinal fluid. *Pyæmia*.—The streptococcus of pyæmia in rabbits passed to the fœtus (Simone). *Tuberculosis*.—Negative evidence has furnished by Koch, Weigert and Jani, while, on the other hand, positive evidence is advanced by Charrière and Johnne. *Scarlet fever*.—Leale has twice in this disease been given positive assurance. Lebedeff is convinced of occasional infection in *erysipelas*.

#### WEIL'S DISEASE.

In 1886 Weil described a disorder the main symptoms of which are those of acute fever of short duration, accompanied by jaundice, swelling of the liver and spleen, nephritis often occurs, and there may be also severe nervous disturbance. The affliction, so far as observed, is most frequent during warm weather, and among males. Fiedler is of the opinion that it is a specific infective disease. Wagner would classify it as a *bilious typhoid*, though it is unassociated with typhoid lesions in the intestines, nor have the bacilli of Eberth (typhoid) been detected in any of the organs.

#### NOTES.

A monument to Cohnheim has been erected in Leipsic.

A Hindoo lady is now studying medicine at Edinburgh.

In France antipyrin has had its name changed to analgesine.

A new poison bottle, shaped like a coffin, is the latest invention.

Prof. Virchow has been decorated with the red eagle of the second class.

A hospital for the treatment of the throat and lungs is to be built in Brooklyn.

An International Congress of Dermatology will be held in Paris in August, 1889.

It is advisable in all cases where the kidneys are diseased to avoid the use of antipyrin.

The French-speaking people of New York are to have a hospital for their exclusive use.

*The Omaha Clinic* is the name of a new medical journal, ably edited by Dr. J. C. Denise.

The Italian Parliament almost unanimously passed a resolution adverse to capital punishment.

The Dutch Government have resolved upon establishing a bacteriological laboratory at Batavia.

Will the member of the Ontario Medical Council who handed one of the editors \$6, last June, kindly send his name and address to the publishers.

Dr. Davis, of Whitwell's private asylum, reports the case of a woman sane only during pregnancy.

A training school for male nurses has been erected on the grounds of Bellevue Hospital, New York.

The operation of ovariectomy has been successfully performed on a woman eighty-two years of age.

Sulphonal is the latest sleep-producer recommended by Prof. Kast, of Freiburg. Dose, 15 to 30 grains.

Russia has granted permission to women to devote themselves to the drug business and become pharmacists.

The College of Physicians and Surgeons, of New York City, have made a three year's course of study obligatory.

Dr. Ludwig Knorr, now of antipyrin fame, has been appointed extraordinary Professor of Chemistry at Würzburg.

The Faculty of the New York Polyclinic have decided to increase the clinical facilities of that institution by the establishment of an hospital.

Prof. Hyrtl has endowed six scholarships, in connection with the Vienna Medical School, for worthy students, irrespective of creed or nationality.

The University of Bologna, on the occasion of the eight hundredth anniversary, conferred an honorary degree upon Dr. S. Weir Mitchell, of Philadelphia.

The commemorative medals of the Ninth International Medical Congress, subscribed for by foreign members, will be forwarded to them through the State Department, on application to Dr. J. M. Toner, Washington, D.C.

A Sanitary Convention and Meeting of the Executive Association of Health Officers will be held by invitation of the Mayor and Council at Lindsay, on Tuesday, Wednesday and Thursday, the 14th, 15th and 16th of August. Those wishing a pleasant outing should visit Lindsay during the Convention. P. Palmer Burrows, M.D., is the President Executive Association of Health Officers.

We have received, through the kindness of Dr. W. Lehmann, formerly of Mitchell, Ont., now in Germany, the report of "The disease of Emperor Friedrich the Third," issued under command, by Prof. Bardeleben, Prof. Bergmann, Dr. Bramann, Prof. Gerhardt, Prof. Kussmaul, Dr. Landgraf, Dr. Schmidt, Prof. Schrötter, Prof. Tobald, and Prof. Waldeher. It arrived, however, too late to furnish any abstracts for this issue of the PRACTITIONER.

Prof. Th. Billroth publishes in the *Wiener-klinische Wochenschrift*, a paper entitled "On the Ligature of the Thyroid Arteries with the view of producing Atrophy in Bronchocele," in which he critically examines the feasibility and advantages of this operation, and illustrates it by his own cases. Prof. Billroth assigns the merit of having resuscitated from oblivion and having successfully revived this operation to Dr.

A. Wölfler, late assistant surgeon at his clinic. A good abstract of the paper appears in the *London Medical Recorder*.

A medico-chirurgical association has been formed for the Province of Manitoba. The executive is to consist of a president, vice-president and secretary-treasurer, all to be chosen from resident medical practitioners in Winnipeg, with four vice-presidents, one from each of the four electoral divisions of the Province. Dr. O'Donnell was elected President; Dr. Orton, 1st Vice-President; Drs. Macklin, Steep, Carscaden and McDonald, for the four electoral divisions of Marquette, Lisgar, Provencher and Selkirk. Dr. Grain was elected Secretary-Treasurer.

We are informed that the Weir Mitchell Sanatorium in Hamilton, conducted by Dr. Holford Walker, has proved so successful during the past year that the doctor finds it necessary to still further enlarge, and with that object in view he has decided to remove it to Toronto. Before doing so he purposes spending a few months abroad, to see the work of the leading gynæcologists, more especially that of Mr. Lawson Tait, and on returning to Toronto will confine himself solely to that branch of the profession, in conjunction with the cases requiring the rest treatment.

The nervous derangements of Pellagra was the title of a paper read by Dr. Franz Tuczek at the Sixtieth Congress of German Physicians, and published in the *London Medical Recorder*. By the kindness of Italian colleagues the author made four *post-mortem* examinations himself, and was present at four others. In all eight the spinal cord was affected, in two only the posterior columns, in six the posterior and posterior-lateral columns were diseased. The degeneration of the posterior columns affected the median portions and spared the entry of the nerve-roots; of the other cases the pyramidal lateral columns were chiefly affected. There was a normal amount of fibres in Clarke's columns. The ganglion cells of the anterior horns showed increased pigment as a rule, but in one case there was pigment-atrophy.



The editor of the *Alienist and Neurologist* gives some practical home advice: "Take care of your loved ones at home, brother doctor, and as you love them, so will you feel your duty fairly to the world without. But you cannot give the outside world all and give your family a part; and if you give it all, the world's charity will not recompense your sacrifice by any exuberant providence for your uncared-for loved ones. This does not apply if you are an inveterate bachelor, a eunuch or a monk; but it does apply with more force than our feeble words have expressed it to many a faithful doctor whom we know, and to many more whom we knew in our youth, but who have long since gone to the reward of the faithful to duty, in Heaven, who might have stayed longer on the earth to brighten it, had they been just a little more selfish for themselves and their own, and a little less completely self-sacrificing to all the world but self and home."

#### PROGRAMME OF THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

TO BE HELD IN WASHINGTON, D.C., SEPTEMBER 18, 19 AND 20, 1888.

The President's annual address, William H. Taylor, Cincinnati. Discussion—Extrauterine Pregnancy.—1. Pathology. 2. Diagnosis. 3. Treatment. (a) Medical. (b) Electrolytic. (c) Surgical. The relations of the Abdominal Surgeon to the Obstetrician and Gynecologist, Albert Vander Veer, Albany. Operation for an unusual case of subserous uterine fibroid, Hampton Eugene Hill, Saco, Me. Drainage in abdominal and pelvic surgery, Joseph Price, Philadelphia. Double ovariectomy during pregnancy; a successful case going on to full term, William Warren Potter, Buffalo. The indications for artificial aid in labor, Thomas Opie, Baltimore. The technique of Vaginal Hysterectomy, James H. Etheridge, Chicago. The Surgical treatment of the perineum, William H. Wathem, Louisville. Laparotomy in peritonitis, E. E. Montgomery, Philadelphia. Tumors of the abdominal wall, Charles A. L. Reed, Cin-

cinnati. Uterine fibroids; their diagnosis and treatment, Thomas J. Maxwell, Keokuk. Desmoid (fibroid) tumors of the abdominal wall, Edward J. Ill, Newark. Ruptured perineum, J. Henry Carstens, Detroit. A contribution to the study of pelvic abscess, Clinton Cushing, San Francisco. The female perineum; its anatomy, physiological function, and methods of restoration after injury. This paper will be illustrated with lime-light and screen, Henry O. Marcy, Boston. Heart failure in the puerperium, Thomas Lothrop, Buffalo. Treatment of suppurative peritonitis, William H. Myers, Fort Wayne. Operative treatment in uterine carcinoma, George R. Shepard, Hartford. The reflexes reflected; or some things that retard progress in gynecic surgery, Joseph Eastman, Indianapolis. Some points in relation to the diagnosis of pregnancy in the early months, James P. Boyd, Albany. Vaginal tamponement in the treatment of prolapsed ovaries, W. P. Manton, Detroit. Mr. Lawson Tait, F.R.C.S.E., Birmingham, England, will also present a paper on "The methods of success in abdominal surgery."

*Note.*—Mr. Lawson Tait, Dr. Franklin Townsend, Dr. E. E. Montgomery, Dr. Charles A. L. Reed, Dr. A. Vander Veer and others will participate in the discussion on Extrauterine Pregnancy. The full announcement of the topics that each referee will speak to will be made in the final programme to be issued in August. William H. Taylor, M.D., President; William W. Potter, M.D., Secretary.

#### Meetings of Medical Societies.

##### TORONTO MEDICAL SOCIETY.

STATED MEETING, May 31st.

Dr. Machell in the chair.

Dr. Carveth presented for diagnosis a case of

##### ULCERATION OF THE NOSE,

of 18 months' duration, both *alæ* being involved. The disease was invading the one cheek. The skin and not the cartilage seemed chiefly affected. There was also ulceration of the soft palate. No specific history could be elicited.

Drs. Graham, McPhedran, and Oldright,

believed the lesion specific on account of the perforating palatal ulcer and the comparative slowness of the growth.

Dr. Sheard favored the view that this was an example of rodent ulcer.

Dr. Carveth presented also a child 10 years old, with a progressive bowing inwards of the little fingers.

Dr. Ferguson believed the lesion was due to contraction of the third palmar interosseus and fourth lumbrical muscles. Tenotomy was the only method of treatment likely to prove of use.

Dr. Greig presented for inspection the head of a tapeworm.

Dr. Oldwright presented a case of somewhat obscure cardiac affection. The case was examined by the members, and the opinion expressed that there was probable kidney derangement, giving rise to the cardiac symptoms. No analysis of the urine had been reported.

Dr. Graham reported a case of

#### DERMATITIS HERPETIFORMIS.

The bullæ were large, becoming rapidly pustular, tense and very painful. As soon as rupture took place the pain ceased. The eruptions spread in rings, forming large patches, which coalesced and left raw bleeding surfaces.

When first seen the neck and back were raw, pulse, 120; temperature, 102. Ten days later the face became involved, and the temperature rose to 103½. There were no rigors. The woman was confined nine months ago, but the disease began a short while previous. The cases reported by Hebra were all in pregnant women. The case was exceedingly typical, and the prognosis of the worst.

Dr. Sheard followed with a paper upon the

#### DIAGNOSIS OF OBSCURE RENAL DISEASE,

in which he drew attention, chiefly, to the acute nephritis of children, and the chronic granular form. He held that convulsions in children resulted, as a rule, either from meningitis, or from uræmia due to acute inflammatory action in the kidneys.

Chronic disease was, generally, very difficult of diagnosis. The urine presents little change, except, perhaps, a few fatty casts, which were important. The finding of albumen is not a reliable sign. Attacks of vertigo are frequently

among the first symptoms noticed. Slight convulsive seizures are generally present. Too much dependence is put upon alcohol as a cause. Persons affected, as a rule die of some intercurrent disease.

Dr. Ferguson stated that the granular form was almost confined to men. The trouble was primarily urethral, the bladder, ureters, and kidneys being affected in turn.

Dr. Machell differed as to the cause of convulsions in the children. In nine out of ten cases the irritation was intestinal.

Dr. Graham agreed with this, but believed sufficient care was not taken in examination. Over-worry, sleeplessness, gout etc., were often the cause of the chronic form.

Dr. McPhedran believed the majority of convulsive seizures to be constitutional or of intestinal origin.

Convulsions often ushered in febrile states, but the albumen did not appear till later on. The convulsion takes the place of the rigor in adults. Authors are at variance as regards the exact pathological changes, in the chronic form, but he could not accept the gonorrhœal theory as advanced by Dr. Ferguson.

Drs. Miller and Powell followed, and Dr. Sheard replied briefly.

Dr. Atherton reported a case of probable

#### GASTRIC PERFORATION

followed by recovery. See PRACTITIONER for June).

#### STATED MEETING, June 7th.

Dr. Graham reported a case in practice, as follows:—

A young man, who had suffered from brain symptoms and diphtheria in childhood, and been very athletic as a man, became affected with drowsiness, and was dismissed from a bank, on account of the mistakes he was making in his figures.

On examination, both temperature and optic discs were normal. Quinine was ordered, and the lad fell asleep in the store. The drowsiness increased, and soon after he was reported as being delirious on being awakened. He took nourishment readily and answered questions, but his look was imbecile, and he tore his sheets, and bit his ring, behaving childishly.



A week ago the pulse quickened suddenly to 100 and rose steadily. The temperature was 99°. He became sleepless. On the second day there were two attacks of rigidity of the arms and legs and a heavy perspiration. At 2 p.m. the pulse was 120, temperature 94 $\frac{2}{3}$ °. He answered questions  $\frac{3}{4}$  of an hour after they were asked. Next day the mouth and tongue were drawn to one side, and for two hours he lost control of his bowels and bladder. Two days after this the abdomen became retracted, the pulse beat 160, temperature 103°. Coma ensued, and death occurred.

*Post-mortem.*—The brain was soft, effusions present in pia mater and in ventricles, and the velum and choroid plexus intensely reddened.

In intestines there was commencing disease of Pyer's patches, and the solitary glands, as in first week of typhoid.

In the opinion of Dr. Graham, this was a case of typhoid where the poison attacked other places than the bowels.

Dr. Ferguson had met with a somewhat similar case.

Dr. McPhedran confirmed the conclusions of Dr. Graham. Many authorities were of the opinion that typhoid might attack other parts than the bowels. As for example, the lungs, causing pneumonia.

Dr. Sheard believed the intestines must be involved, if death was not very rapid.

Dr. McPhedran reported an

#### ABSCESS OF THE THYMUS GLAND,

in a boy 8 years old, who had received a fall on April 13th. There was a lump in the episternal notch, painless, and elastic, temperature normal.

May 22nd. Swelling larger, tense, elastic, non-pulsating, and slightly reddened. The veins in the neighborhood enlarged. A distinct systolic murmur was heard over the carotids, especially the right, and there was a marked thrill at the end of the right clavicle. The pulse tracings of both radials were alike.

May 30th. The murmur no longer heard over carotids, but still present over sternum. Passed in a needle, and evacuated  $\frac{3}{4}$ ij of pus. The abscess walls were thick. The remains of the tumor are still thick and large, the contraction has been slight.

The bruit was probably caused by the pressure of the tumor upon the innominate artery; later on the tumor rose and thus the pressure was relieved, and the bruit partially disappeared. This form of abscess is a rare one.

#### PATHOLOGICAL SPECIMENS.

Dr. Sheard presented lungs and bladder from a case of supposed acute miliary tuberculosis.

The left lung exhibited miliary tubercles, commencing cavities, and distinct evidence of recent pneumonia, the right lung being perfectly healthy.

The bladder was greatly hypertrophied, the only cause known being a severe phimosis.

Dr. Graham did not agree with the diagnosis. The tuberculosis was not miliary, while the bladder and kidney trouble, together with the pneumonia, was the cause of death.

Dr. Cameron, agreed with Dr. Graham. The bladder trouble might be tubercular, and the lung affection be secondary.

Dr. McPhedran did not believe that simple phimosis would give rise to such general and intense hypertrophy. The tuberculosis was probably primary in the bladder.

Dr. Ferguson exhibited a clot, 2 feet in length, from the right subclavian, in a case dying from chronic nephritis. The pericardium was adherent, and there was calcareous deposit on the dura mater.

Dr. Caven showed a portion of intestine with traces of peritonitis. A small amount of sero-purulent fluid was present when the sac was opened. No lesion was present to account for this, but the traces of an ulcer near the ileo-cocol valve which had perforated and healed. A small abscess was found in the left supra-renal capsule.

Dr. Caven exhibited also a specimen, where a thrombus found in the left ventricle had, when pierced, yielded pus, the result of the breaking down of a polypoid growth.

STATED MEETING, June 21, 1888.

Dr. James F. W. Ross read an exhaustive paper upon

## DISEASES OF THE FEMALE URETHRA.

After showing, from a description of its anatomical and histological structure, that it was as liable to disease as any other part of the body, the reader of the paper pointed out that it might be examined in any, or all of five ways, viz., by (1) sounds, (2) digital dilatation, (3) instrumental dilatation, (4) speculum, (5) opening into it. Emmet's button-hole operation was described in detail. Injury to the passage may occur from laceration during confinement, or from the presence of foreign bodies. Dr. Ross then described atresia, urethrocele, prolapse of the mucous membrane, laceration of the membrane, and hyperæsthesia, with the causes and treatment of each. Of the foreign growths, polypi are the most important, being found from a pea to a hazelnut in size, and from pale cherry to bright red in color, producing such symptoms as burning, dysuria, vaginismus, pruritus, convulsions, etc.

Dr. Sweetnam, in discussing the paper, insisted upon examination of the urethra in all cases of irregular and painful micturition. The canal was curved, not straight, and this was often forgotten. In cases of injury or operations there would be no incontinence so long as the roof or superior wall was not injured, as the ganglion regulating the desire for micturition lay along that wall. Emmet claims that all caruncles follow injury to the mucous membrane received during labor. Another lesion sometimes found was shortening of the canal from the application of caustics.

Dr. Machell drew attention to the fact that the meatus sometimes appeared greatly inflamed, and yet gave no symptoms.

Dr. Nevitt related two cases of urethral prolapse relieved by abscision and caustics.

Drs. Grasett and Atherton also discussed the paper.

In referring to some cases mentioned, where difficulty had been experienced in finding the meatus, Dr. Ross said that it was sometimes just within the hymen, owing to imperfect formation. He considered the use of caustics in the urethra reprehensible. In many cases when young women micturated at night, if examination were made, the urethra would be found inflamed.

## STATED MEETING, June 28th.

## PATHOLOGICAL SPECIMENS.

Dr. Oldright presented two large gall stones, removed from a patient sixty-three years of age, who had been under observation twenty-one years. At one time was subject to severe bronchial attacks, and the heart was dilated. During the past year has had several attacks of peritonitis, accompanied lately by pain in the upper part of the abdomen, vomiting and purging. A week since the attack was accompanied by diarrhoea and great pain. Gall stones were looked for in the excretions, but none found. Death occurred to-day. *Post-mortem*—The intestines were dilated and injected; the liver was covered with lymph; in the gall bladder the stones were found faceted at either extremity, and the bladder was adherent to the intestines. The patient had an umbilical hernia.

Dr. Oldright also showed the sac of a mammary tumor. The patient, aged sixty-seven, consulted him a year ago about a tumor in the left breast. He advised its removal, thinking it to be soft cancer. One month ago he was called in, and found her bleeding profusely from a point near the nipple. There was a slough present at this spot. This he cut into, and turned out half a pint of clot and serum. The next day he removed the tumor. To account for the hemorrhage, there was a slight depression on the inner surface, granular looking, and encircled by induration.

Dr. Cameron asked that the character of the lining membrane of sac be examined.

Dr. Graham wished to know if any villi had been seen. Over-distension of the cyst might have caused the slough. He had seen a similar case of cystic adenoma, when the hemorrhage was due to papillaform growths.

Dr. Oldright said the depression above-mentioned was papillaform. The tumor had been observed four years ago. There might have been fluctuation when he saw it first, but he was not certain. The blood clot did not appear old.

Dr. Ferguson thought that hemorrhage did not, as a rule, occur till rupture of the tumor,



and consequent removal of the pressure from the blood-vessels in the sac wall.

Dr. Cameron wished for the distinction between a pure cyst and a cystic adenoma. Is the cyst a new formation or merely due to retention? According to present pathological views, there was only one form of neoplastic cyst, viz., the hydatid cyst. Possibly there was also the hemorrhagic. All others are simply retention cysts, due to dilatation of pre-existing ducts or channels, and obstruction. The term adenoid is a mistaken one to apply, because it confounds natural gland tissue with pathological tissue. If the cyst be lined with epithelium it is probably a dilatation of a connective tissue space.

Dr. Atherton presented a specimen of

#### CANCER OF THE RECTUM.

There had been rectal trouble for six years, commencing with dysentery. The patient had been eighteen months under observation, and was forty-two years old. When first seen, a stricture was discovered two inches above the sphincter, and also a large tumor in the right hypochondrium. There was also great pain in the act of defecation, which would occupy sometimes two hours. The operation of inguinal colotomy was performed in March last, with good results. Death was preceded by a slight coma for several hours. *Post-mortem*—Several abscesses and fistula were found around the anus. The rectal wall was involved for four inches, chiefly on the posterior surface, the vagina not being attacked. One lobe of the liver was filled with cancer tubercles, and extended to one and-a-half inches below the umbilicus. The lungs, kidneys and heart were healthy. The brain was not examined.

Dr. Cameron inquired as to the advantages of the inguinal over the lumbar operation, and also as to Dr. Atherton's views upon the French operation of cutting down upon the coccyx, and splitting the stricture posteriorly.

Dr. Graham had seen one case in which the brain became affected secondarily to the rectum.

Dr. Cameron thought the presence of disease in the liver would account for the brain symptoms, as certain alkaloids were formed there, and not excreted properly.

Dr. Ferguson believed that narcosis frequently arose from the failure of the liver to break up these alkaloids, one of which seemed identical with curare.

Dr. Atherton had seen but little of the French operation referred to, but would think great hemorrhage would be apt to occur, and the opening would readily close. In regard to the choice of position of colotomy he had performed the inguinal six times, and believed it would be the favorite of the future. The path was a plain one, and a second row of stitches could be used.

Dr. Machell presented an anencephalous foetus.

#### CASES IN PRACTICE.

Dr. Graham reported a case of ascites from *hepatic cirrhosis*. On tapping the fluid drawn off was of a bright, bloody color, apparently half blood and half serum. After drawing off half a pail, the operation was stopped. The patient lived for about two weeks. There was no emaciation or cancerous appearance.

Dr. Cameron said that cases of hemorrhagic pleurisy were generally cancerous. The more recent treatment would be to open the cavity and wash it out with hot water.

Dr. Oldright related a case of strangulated hernia in a child of seven months old, where the symptoms were obscure.

Dr. McPhedran reported several cases of what he believed was contagious pneumonia.

Drs. Peters, Graham and Cameron mentioned similar cases.

The Society adjourned till the last Thursday in September.

D. J. G. W.

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TYPHOID FEVER AND PREGNANCY.—1. Typhoid fever is rare in pregnant women. 2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy. 3. The lightest forms may produce abortion. 4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever. 5. Puerperal accidents are the exception.—*Medical Review*.

## Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIRs,— In reply to your remarks *re* the Examining Board of the Medical Council, I have to state that I supported the appointment of Dr. J. A. Grant, Jr., of Ottawa, as Examiner in the subjects of Histology and Physiology solely on the ground of his fitness to fill the position. For the same reason, and none other, so far as I know, his nomination was seconded and warmly supported by Dr. Bergin, and carried by a large majority of the Council, so that in this case at least, your statement that “the doctors of this Province are heartily tired of seeing such important positions filled through purely personal or local considerations,” does not apply. And here let me say, I cannot but regard this statement as unjust to the Council. During the eight years I have been a member of that body I am satisfied that not a single position has been filled through any considerations other than those of personal fitness. In this respect I was not aware the doctors of this Province had any cause of complaint. Dr. Grant, to whose appointment you object, I think, without just reason, is a graduate of Queen’s in Arts, of McGill in Medicine, and an L.R.C.P. of London. During the five years he has been in practice he has prepared and read before the Ottawa Medical Society and the Rideau and Bathurst Medical Association several papers of very high merit, and through these societies his histological work has become well known to the profession in Eastern Ontario. Dr. Grant is an ardent worker, and justly regarded as one of the rising men in our profession, and I feel confident will give every satisfaction as examiner in the branches assigned to his charge.

Yours very truly,  
JOSEPH CRANSTONE.

ARNPRIOR, 16th July, 1888.

Uncle Esek says: “Vanity is a disease, and there is no cure for it this side of the grave; and even there it will often break out anew on the tombstone.”—*Ex.*

## Book Notices.

*Conservatism in Gynaecology.* By A. R. JACKSON, A.M., M.D. (Reprint.)

*Cocaine Dosage and Cocaine Addiction.* By J. MATTISON, M.D., Brooklyn, N.Y.

*Sixth Annual Announcement of the Woman’s Medical College, Toronto.* 1888-9.

*Catalogue of Albany Medical College, Medical Department of Union University, 37th Session.* 1888-9.

*Modern Methods of Antiseptic Wound Treatment.* Published by Johnson & Johnson, New York.

*Proceedings and Addresses at a Sanitary Convention, held at Owosso, Mich., Nov. 22 and 23, 1887.* Lansing, Mich., 1888.

*The Thirteenth Annual Announcement of Meharry Medical Department, Central Tennessee College, Nashville, Tenn.* 1888.

*The Applied Anatomy of the Nervous System.* By AMBROSE L. RANNEY, A.M., M.D. Second edition. 8vo, 791 pages. D. Appleton & Co., New York. 1888.

*The Relation of Alimentation and Disease.* By J. H. SALISBURY, A.M., M.D., LL.D. New York: J. H. Vail & Co. 1888.

This is an elaborate work, but one which will be little sought after by the leaders in the profession. In it are many errors. The pathology is faulty, for example, when speaking of diabetes the author says: “In this disease the lobes of the liver—or that portion of the gland which is connected directly with the blood vessels, and which organizes animal sugar—is the part directly involved.” But the amusing section is where he speaks of pregnancy. “If women would live healthfully, that is, upon such foods as they can well digest, the system would be free from aches, the pains of childbirth would be few and easily borne, and the labor short, lasting only from a few minutes to two hours.” The good Book speaketh otherwise on the subject of labor.



*Intubation of the Larynx.* By F. E. WAXHAM, M.D. Chicago: Charles Truax. 1888.

This a new book on a new subject. The operation of intubation of the larynx is one which, except in a few cases in the large cities, has not yet been generally introduced in Canada. This work tells, in brief and concise form, all that is necessary for practical purposes to know regarding the operation. The description of the most improved instruments required, and the minute directions for the performance of the operation, will be most instructive to those physicians who have not yet tried the operation. A careful record of 150 cases, in the author's own practice, shows the results of the operation, which indicate an average percentage of recoveries of 27.20 per cent. The book includes forty-five illustrations, is well printed on good paper, and is written by one than whom there can be no better authority.

*Annual of the Universal Medical Sciences. A yearly report of the progress of the general sanitary sciences throughout the world.* Edited by CHAS. E. SAJOUS, M.D., Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with chromolithographs, engravings and maps. Volumes I., II., III., IV. and V. 1888. Philadelphia and London: F. A. Davis, Publisher.

"The object of the *Annual of the Universal Medical Sciences* is to collate the progressive features of medical literature at large, and clinical data from countries in which no literature exists, and to present the whole once a year in a continued form, prepared by writers of known ability. As such it is expected to become a helpmate to the practitioner, in his efforts to relieve suffering and to assist the investigator by correlating facts, thus enabling him to better compare." We have had much pleasure in perusing some volumes of this very excellent work, and we assure the profession that the objects of the work have been carefully kept in view, and, we may add, successfully carried out. We note that, though the older countries have contributed a great mass of important medical and surgical data, Canada has also assisted in advancing the medical literature of the past year. The five volumes

are worthy the erudite editor and his honored associates, who are to be complimented upon the satisfactory completion of their arduous undertaking in so brilliant a manner. We cordially recommend this work to our readers, and trust that the publisher, Mr. F. Davis, of Philadelphia, may have a hearty financial support. *Decies repetita placebit.*

*A System of Obstetrics by American Authors.* Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania, etc. Volume I., illustrated, with a colored plate and three hundred and nine engravings on wood. Philadelphia: Lea Brothers & Co. Toronto: J. E. Bryant & Co.

The subject of obstetrics is rich in literature at the present time, and the question is likely to arise, Is there any room for such a work as this? After looking through this volume we have no hesitation in saying there is. The contributors are Dr. Busey, of Washington; Dr. Englemann, of St. Louis; Drs. Hirst, Parvin and Penrose, of Philadelphia; Dr. Jaggard, of Chicago; Dr. Martin, of Baltimore; and Dr. Reeve, of Dayton. The first chapter contains an exceedingly interesting history of obstetrics, which includes a valuable description of antiseptic methods.

The second chapter contains a discussion on the Physiology and Histology of *Menstruation and Ovulation*, with a description of the development of the embryo, by Dr. Martin. Among the other subjects treated are Anomalies and Diseases of the Fœtus; Physiology, Pathology and Diagnosis of Pregnancy; Conduct, Mechanism and Uses of Anæsthetics in Labor.

These subjects are treated in an admirable manner, as might be expected when we consider the reputation of the various distinguished authors. Judging from the contents of this volume, we have nothing but the highest praise for the work, and we believe that every physician in general practice, who ought to have something more comprehensive than our ordinary textbooks, excellent though they are, would do well to procure it.

A baby weighing fifteen pounds and fifteen ounces at birth was recently delivered at Richmond, Va.

## Personal.

Dr. Eadie Stevenson has removed from Victoria, B.C., to Vancouver.

Dr. John Ferguson will shortly move from Spadina Avenue to College Street.

Dr. Brett, of Banff, and Dr. Wilson, of Edmonton, have been elected to the North-West Council.

Dr. Mark S. Wade, of Clinton, B.C., has been elected a Fellow of the Chemical Society of London.

Dr. Acheson has located on Avenue Road, Dr. Clouse on College Street, and Dr. Shannon on McCaul Street, in this city.

Dr. Valade, of Ottawa, Government analyst, for failing to report a case of diphtheria to the Board of Health, was fined \$50 and costs.

At the commencement exercises of Union College, June, 1888, the honorary degree of LL.D., was conferred upon Mr. Lawson Tait.

Dr. Dickson has removed from Embro to Ingersoll; Dr. Hodge, from Mitchell to London; Dr. Grange from Petrolia to Napanee; Dr. Merrison to Sarnia, and Dr. Foxton from Ingersoll to Toronto.

Dr. George Johnson has retired from the Professorship of Clinical Medicine in King's College and King's College Hospital, after a faithful service of forty-five years.

Dr. G. Sterling Ryerson is expected to return to Toronto early this month, after an enjoyable and profitable trip to Germany. He had the pleasure of attending the Donders' Jubilee in Utrecht.

Dr. John Milner Fothergill, a practitioner of London, and one of the best known of English medical authors, died June 18th, at the age of 48 years. He had been suffering from diabetes for years. The symptoms recently became seriously aggravated, and gangrene of the foot occurred, followed by coma and death.

## Miscellaneous.

STUDY OF OBJECTS. Examination—Professor: "How many legs have insects?"

Candidate: "65 per cent. of insects have no legs at all, 11 per cent. have one, 14 per cent. two or three, 10 per cent. four or five, but none six."

Professor: "How in the world did you get this answer?"

Candidate: "By carefully examining the collection belonging to the University."—*Fliegende Blätter*.—Ex.

The attention of the Medical Faculty is specially directed to an advertisement of "Little's Soluble Phenyle," which appears on page 21 of this journal. Too much cannot be said as to its merited virtues, as a first-class disinfectant and antiseptic, so vividly shown from the many medical and other testimonies received in its favor. This article has been before the public many years, and used in the different forms as prescribed in the circular, with the most satisfactory results, being as claimed for it, superior to carbolic acid, having all the good qualities, but being non-poisonous and non-corrosive, and leaves a pleasant and refreshing odor after use. Phenyle is so cheap as to render its use acceptable generally in the mansion, college, hospital, etc., for all purposes where an Antiseptic, Deodoriser, and Disinfectant agent may be required.

## Births, Marriages, and Deaths.

### BIRTHS.

GREER.—On Thursday, June 21st, at Cold Springs, Ont., the wife of T. N. Greer, M.D., of a son.

JOHNSON.—On July 5, at 52 Bloor Street West, the wife of Dr. Arthur Jukes Johnson, of a son.

ROBINSON.—On the 25th ult., at Arthur, Ont., the wife of Dr. W. J. Robinson, of a daughter.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, SEPTEMBER, 1888.

## Original Communications.

### DISEASES OF THE ORBIT.

BY R. A. REEVE, B.A., M.D.,

Professor of Ophthalmology and Otology, University of Toronto;  
Surgeon Mercer Eye and Ear Infirmary, Toronto  
General Hospital.

(Read at Meeting of Canadian Medical Association.)

The position, relations, and nature of contents of the orbit, and the fact that the organ of vision is often implicated and may be lost, and that life itself may be jeopardized and is sometimes sacrificed as the result of its affections, render the latter of some importance in the category of disease. The object of this paper is simply to refer to some points of practical importance in this interesting class of cases. The interest attached to diseases of this cavity is enhanced by the acknowledged difficulty in many instances of making a correct diagnosis.

I need but cite the *pulsating tumors* in regard to which the old view of orbital aneurism being the cause of the exophthalmus and pulsation, has been disproved. Statistics show that orbital aneurism is very rare and that in nearly all such cases there is no disease in the orbit proper, but generally either an obstructed or dilated cavernous sinus or arterio-venous communication posterior to the orbit. The precise nature and site of other morbid conditions, as, for example, tumors, are sometimes an enigma which is only solved by direct exploration.

*Cellulitis.* Following traumatism or other

causes of inflammation, erysipelas, pyæmia, etc., the rapid onset of inflammatory cedema of the eyelids with marked chemosis, protrusion of the eye and inability to move it, and great increase of pain in attempts to do so, together with pyrexia, etc., indicate pretty clearly acute cellulitis of the orbit (or the more rare diffuse suppurative periostitis). The less rapid develop-



FIG. 1.—Periostitis and caries of outer half of upper margin of orbit

ment and milder character of these symptoms, especially when there is circumscribed tenderness on the orbital margin or walls with displacement of the globe, points rather to local periostitis, (fig. 1) which, except in syphilitic subjects, is apt to end in suppuration and caries unless aborted.

[In "abscess" of the frontal sinus the external swelling is generally greatest at the upper inner angle of the orbit, the brow is prominent and the orbital roof, which is depressed, yields to pressure from beneath; and the eye is displaced downward, outward and forward. If

fistula have formed, the discharge would be muco-purulent and the probe could be passed into the frontal sinus, and simple caries, etc., be thus excluded.]

In *cellulitis*, *periostitis*, etc., the early resort to deep incisions carefully made and entering the orbit near its margin, above, below, or at the side, is of great value in relieving the tension and pain; and by promptly giving vent to pus generally saves both sight and eye-ball, if not life itself.

The degree of protrusion of the globe compatible with retention of good vision is sometimes truly astonishing. In cases of intra-ocular growth, when the eye has ceased to rotate about its normal turning point and its movements are limited, perforation of the sclera and invasion of the inter-muscular space have likely supervened, and interference is imperative.

When in injury or inflammation of the eye or intra-ocular growth, cedema, chemosis, with more or less fixedness and perhaps prominence of the eye-ball, there is inflammation of tenon's capsule (tenonitis) and cellulitis is imminent. And if the eye is beyond recovery its prompt removal is indicated in order to prevent cellulitis and other mischief.

It has happened to me time and again to meet with cases of malignant growth which had already reached the condition termed fungus hæmatodes or encephaloid cancer, or had at least seriously invaded the orbital tissues, where the recognition of the primary intra-ocular mischief and timely enucleation would likely have proved radical, and prevented the need of the somewhat formidable *evisceratio orbitæ*.

I am satisfied from personal experience that, in cases of malignant orbital disease which seem desperate, material if not radical relief can be given by the operation of emptying the socket, removing periosteum if not bone, with or without the use of zinc chloride paste, etc. Sometimes glioma of the retina gives timely notice of its presence by the bright, creamy reflex from the depths of the eye. Sarcoma of the orbit may spring from the walls or connective tissues, and in adults it is also secondary to that of the choroid.

An early correct diagnosis of intra-ocular growth cannot always be made, even by the

aid of the ophthalmoscope; but, at any rate, if eyes which are blind, painful, and hard were looked upon with suspicion, and as a rule extracted, after a fair trial of proper means, there would be less fatality from sarcoma or other malignant disease. In an eye that was blind, hard and intensely painful which I enucleated eight years ago, a malignant tumor had just penetrated the sclera near the optic nerve. Fortunately all the diseased tissue was removed, and the patient was reported in good health and free from orbital disease several years afterwards.

I show a photo and specimen (in a fatal case) of sarcoma of the orbit in a young subject, in which the growth reached a circumference of twenty-one inches and weighed three pounds.

The question of prophylaxis in malignant orbital disease leads one to advert to another class of cases, in which the disease primarily attacks the lids or superficial parts. Here there is a double reason for an early operation, first, because the sooner done, the less of the normal tissue is lost,—an important point in the region of the eye; secondly, for the reason which applies universally in malignant disease. In subjects of fifty years and upwards, little or no harm would accrue, and much trouble or misery might be saved, were all warts, tumors (not chalazia), and ulcers of the lids treated as if actually malignant or at least in "pre-cancerous" stage. Happily, in some instances, even when the disease is of long standing and has destroyed the lids in whole or greater part and invaded the orbit to some extent, the removal of all the diseased parts gives permanent relief.

At the meeting of our Association at Ottawa, I detailed such a case with, for two years at least, a satisfactory result, no relapse occurring, and might cite others.

Orbital tumors often grow slowly and painlessly, and it is a moot point to what extent the malignant varieties should be interfered with; but as growths vary so much in nature, and if malignant should be extirpated early, it is advisable to employ every diagnostic aid. One which yields pretty certain results without any serious risk, is the resort to an exploratory incision carefully made beneath the brow or perhaps between the lids and the globe; the little finger



(aseptic) can then be utilized with or without the careful use of a probe or a mirror and speculum. Sometimes tumors, even malignant growths, may thus be found, when they can be removed without sacrificing the eye.

It is necessary also to become satisfied as to the state of the nasal passages by anterior and posterior rhinoscopy, and of the maxillary sinus,—at least by exclusion, before giving the prognosis or resorting to operation. In the case of orbital disease with protrusion and lateral displacement of the eyeball, shown in this photo (see fig. 2),



FIG. 2.—Secondary invasion of orbit by sarcomatous growth.

I declined to interfere because I found the left nasal meatus plugged with a sarcomatous growth which, from the history, antedated the orbital trouble; rhinoscopy also showing that the growth was creeping into the posterior naris of the opposite side. The exploratory puncture which had been already made had given the patient great relief from the pain caused by excessive tension and pressure upon the tarso-orbital fascia. In another case which proved to be schirrus and which was not operated upon, the exploratory incision (left unstitched) also gave marked relief; and although such incisions may favor the more rapid sprouting of growths, the relief they afford is not to be under-estimated, and should be given.

It is worthy of mention that bony growths can be removed with least danger and most quickly by separating them from the seat of attachment rather than by chiselling, etc., at the mass itself, care being taken to first peel off the enveloping membranes,—the “sub-periosteal removal” of Maisonneuve and H. Knapp.

[Since the paper was read (1882) various cases have occurred in the writer's experience to

emphasize several points, *e.g.*, the importance of early correct diagnosis, great benefit of prompt relief of orbital tension or evacuation of pus, and value of exploratory incision, and of early operations. A word as to injuries: In contrast with the well-known risk of fatal result from penetrating wounds of the roof of the orbit, notable instances might be cited of tolerance of large foreign bodies in the socket and the successful removal of good-sized bony tumors. In cases of penetrating wounds of the orbit, careful search should be made for foreign bodies possibly lodged within.]

22 Shuter Street.

### LIFE INSURANCE AND THE RELATIONS EXISTING BETWEEN IT AND MEDICAL MEN.

BY DR. JAS. THORBURN, TORONTO,

Professor of Pharmacology and Therapeutics, University of Toronto; and Medical Director North American Life Assurance Company.

(Read at meeting of Ontario Medical Association, 1888.)

Life insurance is now one of the principal institutions of the civilized world, whether we view it financially or as a provision to succor and maintain those who depend upon the heads of families for their present and future support as well as comfort and happiness, or to maintain one's self in after years, when unable, from various causes, to battle with life. The history of it is interesting and instructive.

In earlier years annuities were common, and these were granted by Jews and usurers, and extortion and vice of all kinds prevailed. Policies of all kinds were issued, not only for mercantile purposes, but also against wind and weather, against particular diseases, providing safe passes even through purgatory, etc. Intrigue and wars, with pestilence, carried off tens and hundreds of thousands, and there was no provision for those left behind. In its infancy life insurance was conducted in a hap-hazard style, and partook very much of a gambling nature. Often the healthy and strong died suddenly. It is only within the last century that anything like a scientific basis has been established. The observations of medical men and statisticians have deduced the probable duration of human life to an exact period of

time, for while nothing is more uncertain than human life taken individually, yet with a vast number of men, say 100,000, or better still, 1,000,000, the expectation amounts almost to a certainty. The early insurers lived on the follies of fools, and many were made to feel the power of the insurer when once in his clutches.

Pascal was the first to introduce the study of probabilities. The Breslau tables, formulated by Dr. Hally, were the first of any importance mentioned on the expectation of life. In the year 1697 a policy was issued on the life of Sir Robert Howard for one year from the 3rd of September, and on the same day a year from date Sir Robert died. The merchant refused to pay the policy, on the ground that it had expired. Lord Holt, however, ruled that from the day of date excluded the day itself, and that the underwriter was liable. This is the first insurance on a life of which there is any positive legal record.

I might mention many frauds that have occurred in the history of life insurance; but the study of early insurance, how and where it originated, is of no practical importance to us at the present time. It is now before us as one of the greatest financial-saving institutions of the world, and speaks much for the thrift and unselfishness of man in providing for breakers ahead and in alleviating distress and poverty. Man does not live for himself alone, and he who does not provide for his dependents falls short of his moral obligations. And here life insurance shows itself as a most valuable institution. For many years, from small beginnings, surrounded by enemies and ignorance, superstition and vice, its progress was spasmodic and slow; but as man became more intelligent and civilized, ignorance disappeared, and we now find it a valuable humane institution, the widow's hope and help, the orphan's protection and salvation, and the enfeebled and aged insurer's maintenance, in thousands of instances.

The growth of life insurance during the past thirty years, more especially on this continent, has been something wonderful. In the year 1859, the date of the earliest American official reports, there were only fourteen Life Companies doing business in the State of New York and one Home Company here; there are

now twenty-nine in that State, and during the intervening years the number of companies has fluctuated from fourteen to seventy-one, the latter number being that for 1870. The greatest increase in the number occurred during the inflation period, following the close of the American civil war, when men, without any knowledge whatever of the science of life insurance, undertook to speculate in Life Companies, as they had done in railroad and mining stocks, with the usual consequences resulting from inexperience.

In 1859 the true purpose and great benefits of life insurance were but little known by the general public. In that year the total amount of business written, namely, a little over \$30,000,000, would scarcely now satisfy a single company for one year's transactions, and the entire amount of insurance then in force, about \$141,500,000, is but little more than was written by one company alone last year. During the last thirty years there has been an increase of nearly five hundred per cent. in the number of policies and amount of insurance in force, while the gain in assets has been somewhat greater. During 1887 the official reports show that twenty-nine United States companies wrote \$531,170,773, while the amount in force at the close of the year was \$2,837,926,053, being an improvement over the record of the previous year of \$82,556,541 in amount of insurance written, and of \$252,094,070 in the aggregate amount of insurance carried by these companies.

In Canada the amount of new business written last year was \$23,560,849 by the Canadian Companies; \$3,112,160 by the British Companies; and \$11,435,721 by the United States Companies, and the total amount in force \$191,679,852. Of the newly-issued business our Home Companies did over twice the amount done by the United States Companies, and nearly eight times that of the British Companies.

A most rapid growth in the business done on this continent has taken place during the last few years. For example: in round numbers the new insurances written in 1885 by the United States Companies was \$400,000,000; in 1886 it was \$600,000,000; and in 1887 it exceeded \$700,000,000. The total amount of



insurances in force in them is now \$2,837,926,053, which comprises a larger amount than has been in force for many years and proves that the people believe in it, because, as a whole, it has proved itself trustworthy, a quality which distinguishes it from the worthless counterfeit furnished by companies doing business on the co-operative system.

During 1887 the total payments made to policy-holders by the United States Companies amounted to over \$70,750,000, and their gross assets amounted to over \$614,000,000. The payments made to policy-holders by our Canadian Companies in 1887 amounted to \$1,405,417, and their aggregate assets to \$14,352,475.

In former times any adult in apparent good health could be insured without a medical examination, and, as a consequence, many doubtful and bad risks were accepted. The weak in body, in family history, or occupation, were sure to apply for insurance, while the stronger ones did not trouble themselves about it. Dr. W. Brinton, in 1856, published a number of insurances effected without medical examination. From three or four pages of these he collected no less than forty instances of death by pulmonary consumption at periods that averaged eighteen weeks from the date of effecting the policy, but often did not exceed four or five weeks. The average loss to the society on these policies was exactly forty times the premium paid.

The medical man has many important functions to perform in relation to life insurance, and on his skill and careful selection the success of a company mainly depends; for, on the one hand, the rejection of a candidate may prove most disastrous to him and his family, while, on the other, the greatest importance attaches itself to a careful and searching examination, as well as the importance of preventing applicants from concealing facts that indicate depraved habits and tainted constitutions.

The history of life insurance reveals many instances of gross frauds perpetrated upon Life Insurance Companies. Personation, forgery, and murder have been employed, and frequently with success. The medical man must weigh carefully the statements of the applicant and friends. Many persons of intemperate

habits conceal the fact; and it is often difficult, without inquiring minutely, to ascertain their habits in this respect. The medical man should remember that negative evidence is often as important as positive indications. In order that a life insurance institution should succeed, it must be conducted on a proper financial basis, and on the proper securing of good risks. From this you will understand that the position of medical examiner is one of great responsibility and trust. Formerly, agents of companies were allowed to select their medical examiners, and you can readily understand how this has led to many unpleasant results, the interests of the agent and the company not being identical. Oftentimes this pecuniary and other interest led to the appointment of medical men unworthy of the position. Nowadays the examiners are appointed from the head office, entirely separating them from or making them independent of agents. Better men, by this rule, are selected, and they are better paid for their services. The medical examiner should be quite free from any influence, pecuniary or otherwise. He is the official of the company, and while paying due respect to all information received from the applicant and friends, as well as from physical examination, he must bear in mind that to the company alone is he responsible. This is sometimes a difficult matter for the medical examiner, as his decisions may affect him pecuniarily in the locality in which he practises. In all such cases where there is any doubt or information that might not be expedient to hand over to the agent, he should write on the same day to the medical director of the company, giving his views and stating full particulars. This, of course, is strictly confidential.

The legal duty of the medical officer is to ascertain and report to the company, in accordance with instructions furnished him, the health and physical condition of the applicant, or whether he is laboring under or suffering from any disease or defect that may have a tendency to shorten life. He should also take into consideration the sanitary surroundings and occupation of the applicant.

No man in the business of life insurance fills a more honorable or responsible station than the medical officer who is thoroughly trained in

his work, and who should always do it without fear or favor. No one should accept the appointment of medical examiner who has not given, or is not willing to give, care, time and study to it.

It is important that the medical examiner should carefully consider the statement of the applicant and his friends. They often conceal important facts, especially in reference to habits, and any answers that are not explicit should be carefully examined into. The medical man must not think that his duties are finished when he has answered all that he can ascertain by a physical examination. For instance, in the matter of temperance it is impossible to lay down fixed rules as to where temperance ends and intemperance begins. He must try to ascertain if there is any evidence of injury to the constitution by the well-known effects of alcohol. Oftentimes careless and slovenly reports are sent in, and, as it has been said, some examiners satisfy themselves to the soundness of an applicant by "a thump on the chest, a poke in the belly, a guess at the pulse-rate, and consequent estimation of respiratory action." I need not tell you that such an examination is no use to the company and is a disgrace to the profession; the man who thus acts is receiving a fee for services not rendered. A thorough examination must be made in all cases,—appearances are often deceptive. It is important that the applicant should at all events appear not to be older than the age he assigns.

The employment of an applicant is also of considerable importance, hence companies divide risks into different classes. Chiefly through the instrumentality of the medical men the mortality of the trades has been materially diminished; the mortality from sickness of the British army has been reduced one-half during the last few years.

The surroundings of an applicant are most important in arriving at a correct conclusion. This is nowhere better shown than in the mortality of lying-in women within the last hundred years. In 1786 the mortality of the Hotel Dieu was one in 15, forty years later it was one in 112. In the British hospitals in 1750 it was about one in 42, and in 1820 one in 1205.

Among hereditary considerations tubercle

ranks first. When the physical signs are developed it is not a difficult matter to make a proper diagnosis, but often these have not as yet become manifest; hence the importance of ascertaining the causes of the death of the ancestors and collaterals, as well as of any descendant.

For it is a well-known fact that this disease is often latent for one or two generations, or even more, when it returns with fatal violence. Cancer is another disease which is generally acknowledged to be frequently hereditary. Rheumatism and gout are often hereditary; also diseases of the nervous system; acute insanity shortens life materially; diseases of the heart and circulation are often handed down from father to son. The occupation of an applicant sometimes tends to shorten life, as that of a painter or plumber, which is due to the absorption of lead. Seamen, miners, engine-drivers, brakemen, hotelkeepers and bartenders are all risks that should not be taken at ordinary rates. Among the best risks are professional men. The question of epilepsy is one in which the medical examiners do not seem to be unanimous in their opinion of its effects on life. The fact of his having had an epileptic attack in early life and no return for five or ten years, should not prevent the applicant from being accepted, if he is otherwise satisfactory. If the disease occurs in manhood it is of more serious import, and should reduce the expectancy by a very considerable amount. If only one attack has occurred and a long period has elapsed, the risk might be considered insurable. However good the general health of a man may be, he is in danger of accidental death, which he cannot guard against. Vertiginous attacks, especially if the person is fond of alcoholic drinks, is a suspicious indication of apoplexy. Paralysis, if from centric causes, even if the general health be good, is a bar to all life insurance.

The fact that an applicant has had some condition of body that rendered him uninsurable at one time is not necessarily a just cause for a subsequent rejection. For instance, if a person had suffered from paralysis, the effect, say, of diphtheria or typhoid fever, all indications having been removed for at least upwards of a year, the life would be insurable. It is customary



for insurance companies to exchange with each other their decisions in rejected cases, when required, and by this means frauds, made either purposely or in ignorance, are frequently detected. Hence the importance of the medical examiner eliciting every fact connected with his case as far as possible, for his own reputation if for nothing else. If he has any doubt as to the insurability of an applicant, the benefit of that doubt should be given to the company.

Died in childbirth is a very common answer to the cause of death of mother and sisters. Now, we all know that persons dying from this condition pure and simple are very few, and unless some epidemic, such as puerperal fever, prevails, very few die in this natural process; and in nine cases out of ten, if the correct answer were given it would be some form of phthisis. Hence the importance of the medical examiner trying to get negative as well as positive evidence, as is proven by the following statistics:—

In 1886 the number of births registered in Ontario was 46,458.

Mortality for childbirth .....	174
Post-partum .....	11
Puerperal fever .....	98
Total .....	283

or, in other words, 1 death for childbirth in 200 cases of labor. How many of the above cases were affected by phthisis is not given. The population of Ontario was 2,000,000.

Life insurance is a contract entered into by an applicant or his friends and the company to whom representation is made,—it must be mutual and correct, or else it is not valid.

A learned English judge speaks as follows on this question:—"Not only must the party proposing insurance abstain from making any deceptive representations, but he must observe in the utmost degree good faith, *uberrima fides*. Not only is he required to state all matters within his knowledge which he believes to be material to the question of the insurance, but all which, in point of fact, are so. If he conceals anything which he knows to be material it is fraud, but besides that, if he conceals anything that may influence the rate of premium which

the underwriter may require, although he does not know that it would have that effect, such concealment entirely vitiates the policy. An entire disclosure must be made of all material facts known to the insured, and not only so, but all representations made by him as to material facts must be substantially correct, and to this may be added that, where representation amounts to a warranty, it must not only be substantially but literally true." The same judge further on states that the responsibility of giving full information rests with the proposer: "If the proposal leads the insurers into error by inducing them to compute their risks upon circumstances not founded in fact, so that the risk actually run is different from that intended to be run, the contract is as much at an end as if there had been a wilful and false allegation or an undue concealment of circumstances." Hence the importance of the medical man protecting both the proposer and the office.

The medical examiner should be perfectly frank and make a full statement of everything within his knowledge which is likely to affect the contract, otherwise the entire transaction is jeopardised and the examiner himself is liable to prosecution and fine. According to the work published by John M. Taylor, of Hartford, Conn., quoted by Dr. Foster, of the Maine Mutual Life Ins. Co., "It can no longer be successfully argued or maintained at home or abroad that solicitors, examiners, referees or other company representatives are agents of the parties who become insured, and when the significant fact is added, that with us the examiner receives his appointment from the company, acts under its instructions, deals with it in all its particulars, and is paid by it for his services, it must be assumed upon authority that the office or relation of a medical examiner to his company is one of agency for certain important purposes." Further on he sums up his case in the following manner: "To the medical examiner, however, these judicial definitions have a special present necessity and value, for they declare what his true office is, what his limitations are, and in what relations he stands to a company and his statutory disqualifications as a witness under given circumstances." It must be granted upon these authorities that the legal

duty of the medical officer is to ascertain and report to the company in accordance with the instructions furnished him, the health or the sanitary condition of the applicant, or whether he is laboring under, or is subject to, any disease or defect which may have a tendency to shorten life.

The responsibility of medical examiners is controlled by the principles of common law in all countries. For instance, in the State of Michigan, U.S.A., the law is as follows: "Any person who, as a medical examiner for any such company, or as a referee, or any person seeking insurance therein, shall knowingly make any false statement to the company, or any officer thereof, concerning the bodily health or condition of the applicant for insurance, or concerning any other matter or thing which might affect the propriety or prudence of granting such insurance, shall be guilty of a misdemeanor, and on conviction thereof shall be liable to a fine not exceeding \$1,000, or to imprisonment in the county jail not exceeding three months, at the discretion of the court, and he shall also be liable to the company for an action on the case for the full amount of any insurance obtained from such company by means, or through the assistance, of such false statement or report."

In conclusion, gentlemen, I hope that I have honestly endeavored to show the high moral responsibilities of medical men connected with life insurance. Although on many occasions I have noted the shortcomings of some of them, it affords me much pleasure to state that as a general rule they have made their examinations in an honest and thorough manner. I have already stated that life insurance involves interests of the greatest importance to individuals and to society, and the medical man is one of the chief guardians of social morality and civilization, and the more he is convinced of this fact the more he completes the great objects which he takes upon himself in joining the noblest and most unselfish of all professions.

106 Wellington Street West.

A law has been passed in Switzerland permitting a limited number of English physicians to practise in that country.

## RUPTURED TUBAL FŒTATION — A CASE SUCCESSFULLY TREATED BY ABDOMINAL SECTION — WITH REMARKS.

BY WILLIAM GARDNER, M.D.,

Professor of Gynecology in McGill University; Gynecologist to the Montreal General Hospital; one of the Vice-Presidents of the British Gynecological Society.

(Read before the Eighth Annual Meeting of the Ontario Medical Association at Toronto, June, 1888.)

The remarkable advances of obstetric medicine in the last decade have been evidenced as much, perhaps, if not more, in everything connected with the subject of extra-uterine gestation than in any other direction. The transactions of every important meeting of obstetricians and gynecologists is enriched by one or more papers on the subject, generally with reports of cases; followed usually by a vigorous discussion, which shows usually some divergence of opinion by able men as to the best course to pursue in the treatment.

The last annual meeting of the American Gynecological Association, held in September, 1887, and the February (1888) meetings of the British Gynecological Society, as well as the Section on Obstetrics of the American Medical Association at its meeting last month, each discussed the subject. Dr. Herman, of London, has recently published in the *Lancet* for May 26th and June 2nd, 1888, an exceedingly able and thoughtful paper on the early treatment of extra-uterine pregnancy.

The fearfully tragic nature of the illness and too frequently of the death of women so affected when left to nature, and the brilliant success of the modern surgical treatment of this condition amply account for such wide-spread interest. Under these circumstances I venture to believe that the recital of a recent case in my own experience may be of some interest and value as a contribution to the literature of the subject. The, to me, unexpected presence of my friend, Dr. Johnstone, of Danville, Kentucky, who has recently written very ably on the subject, will, I am sure, enrich the discussion of my paper.

Mrs. —, aged 29, was married in July, 1887, and had a miscarriage at between two and three months the following October. In



this she was attended by my friend, Dr. Arthur Browne, of Montreal, and she recovered easily enough. Her first following menstrual period was on the 2nd of December, and was normal. She remained well during the rest of the month, except that she presented some of the signs of pregnancy, slightly marked. Early in January, a slight bloody discharge appeared and lasted two weeks; it was not like her ordinary menstruation. About the middle of January she was seized with intense pelvic pain and a most alarming condition of collapse, lasting for two days. During a good part of this time Dr. Browne feared she would die. She, however, slowly rallied and partially recovered, when, a fortnight later, during the first days of February, there were alarming recurrences of the pain and other symptoms. Under these circumstances Dr. Browne came to ask me to see the case with him, and he told me that he believed he had a case of extra-uterine foetation.

I found the woman suffering very severely from pelvic and abdominal pain, imperfectly controlled by full doses of morphia. There was marked distension and frequent vomiting, and the pulse was rapid and very weak. On vaginal examination, there was a tolerably free bloody vaginal discharge. The uterus was markedly softened, bulky, and fixed, and to the right of, and behind it, there lay a painful and firm mass of some kind or other.

The results of the history given are by Dr. Browne, and my examination of the patient was fully concurrent in the diagnosis of ruptured tubal foetation previously made by him and Dr. George Ross, who had also been consulted. This being our diagnosis, what was to be done? We discussed the propriety of using electricity, or of performing abdominal section. Electricity, we considered, to be precluded by the evident hemorrhage and peritonitis. At our second visit the patient was decidedly worse, and in great danger, and then we decided to open the abdomen. This was accordingly done on the 8th of February. On opening the cavity a quantity of blood clot, of varying age, and bloody serum was revealed. On the right of the uterus, in the region of the ovary and tube, lay a ragged, granular mass. On attempting to raise this to apply a ligature

to it, it was torn away. I made no further attempt to tie the torn base, but proceeded to scoop out what I could of blood clot, of which there lay a large quantity in the Douglas pouch. The cavity was then well washed out with a large quantity of warm water. In this part of the operation, the signal advantage of Lawson Tait's large ovariectomy trocar became very apparent. This tube measures about seven-eighths of an inch in diameter, and at its free end is a blunt beak, with two lateral openings. The large rubber tube attached to it was immersed in a pitcher of warm water held aloft by assistants. The water was then sucked through till it flowed from the trocar tube, which was then carried to all the deep parts of the pelvis, the powerful strain bringing away masses of clot and fibrine, an operation which could in no other way have been so effectually managed. The blunt beak of the instrument precludes all possibility of any injury to intestines or other structure. A glass drainage tube was carried to the bottom of the pelvis, where it was retained for a week. It will be observed that I applied no ligature to anything, yet the torn vessels yielded no more than a moderate amount of bloody and blood serum, as shown by the fluid sucked from the tube. The wound was closed as usual and the patient put to bed in rather an alarming condition. Her pulse was 140° and small. Nothing was given by mouth for three days. She was fed *per rectum* with beef-tea and brandy. Under soap-suds turpentine enemata flatus was passed within sixteen hours, and a fæcal motion obtained in twenty hours. The distension was thus rapidly reduced and the pain soon relieved. Not a particle of morphia or opium was given at this stage. She made a tedious but complete recovery. The tedious nature of the convalescence was entirely due to a severe attack of cystitis.

At the time of operation no semblance of a foetus was seen, but on careful examination afterwards of the mass removed, a blood-stained foetus about an inch in length, as well as characteristic charionic villi were discovered by Dr. Johnstone, the Pathologist to the Montreal General Hospital. From the appearance of the foetus and parts when removed, I have no doubt

that the vitality of the foetus ceased at the time of the first serious symptoms, but that it did not escape. Such a condition of course shows that electricity would have been useless at any time after this patient was first seen by her physician.

The diagnosis of the extra-uterine pregnancy is on all hands confessedly difficult, and yet it is probably not so difficult as imagined by the inexperienced. The first thing to be sure of is the possibility of pregnancy. If then the patient present the signs of abortion—pelvic pain and vaginal discharge—the pelvic pain being usually severe and attended with faintness or collapse, and the discharge containing fragments of, or a complete decidual cast of the endometrium; and if, on examination, we discover the characteristic softness, enlargement of the uterus and the violet discoloration of the genitals, but above all the rapidly growing tumor on one side and behind the uterus, the diagnosis is established with such a measure of certainty that we must act. The next question is, what shall we do? This part of the subject—the treatment—is by no means settled to the satisfaction of all parties, and some of the most recent discussions have indicated a wide difference of opinion the part of high authorities as to what shall be done, or perhaps more correctly, what shall first be done. The treatment of extra-uterine foetation may be spoken of under three heads: foeticide by electricity, abdominal section to remove the foetation, and expectancy.

*Electricity.*—The form of electricity which has the greatest number of adherents is the Faradic current; it is the simplest and most easily applied, and there must be few medical men who do not possess the necessary apparatus. Certain eminent abdominal surgeons strongly oppose it, and yet there is a mass of evidence in its favor which seems to me to make its position unassailable. I grant that the evidence in some of the cases will not bear close scrutiny, but this is not the case as regards the bulk of it. I have published a case in which I take it the evidence as certainly proved the condition as anything short of seeing the foetus or chorionic villi.

*Abdominal Section.*—Mr. Tait, Dr. Johnstone,

Dr. Imlach and some others say that as soon as we have diagnosed the condition the operation is indicated, and in this they are supported by the fact, as they claim it to be, that we rarely see such cases until there are evidence of rupture. What are these evidences of rupture? The pain and collapse. The advocates of electricity say the pain and collapse in its mildest form is not due to rupture, but to contractions of the dilated tube. On the other hand, it is asserted, and with perfect justice, as there are many sad cases on record, that the first symptoms demanding medical aid may be those of fatal rupture, and as Dr. Herman, of London, says, in a very thoughtful and temperate paper which has just appeared in the London *Lancet*, if we judged of the fatality of extra-uterine foetation, by the results of abdominal section cases and of *post-mortems*, we should regard it as one of the most fatal conditions we know of. But this is misleading. Some very high authorities regard extra-uterine foetation as far more common than is generally supposed, that rupture often takes place with hemorrhage into the peritoneal cavity, and that the bleeding ceases spontaneously. The foetus may escape and be absorbed, or may die and be retained in its sac and be dissolved in the liq. amnii and absorbed. A remarkable instance of the possibility of the absorption of the foetus is the case of Dr. Petch, in which a foetus so advanced that the heart sounds could be heard, died and was almost completely absorbed. Experiments on animals (rabbits) by Leopold have demonstrated such a fact beyond doubt. Hence the explanation why, as in many cases, no foetus has been found either at autopsy or on section during life. And all such cases cannot be accounted for by the operator having overlooked the remains of the foetus, a thing easily understood by anyone who has done the operation and removed the clots, etc., by a process of scooping and washing out. These facts with reference to the solubility and capacity of the foetus for being readily absorbed lend support to the opinions of certain authorities, notably Veit, Leopold and Lesonej, to the effect that most, if not all, pelvic, especially retro-uterine hematoceles, are the result of ruptured extra-uterine foetation



(tubal). If this be true, then extra-uterine foetation is by no means so fatal as it has been hitherto supposed, and the practice of opening the abdomen to remove a tubal gestation sac directly we have diagnosed it, is to needlessly expose many women to the dangers of a serious operation. I speak of it as a serious operation. It is not so in the hands of experienced abdominal surgeons, as Mr. Lawson Tait; but such men cannot always be had to operate in an emergency. In competent hands this is one of the most brilliant of the life-saving operations of surgery. But if all the cases on record were available for statistics the showing would by no means be so good. Notwithstanding what I have just said, I desire to appear on record as holding that in all cases in which the diagnosis having been made with reasonable certainty, there are serious symptoms of loss of blood, or of the peritonitis which may be set up, if the patient survive the hemorrhage, and also in all cases of urgent pelvic or abdominal symptoms of doubtful character, this grand life-saving operation must be promptly done, and it will be done with the assurance that there is no state of the patient, however low, in which it may not be successful. That abdominal section may be necessary, after electricity has killed the foetus, must, I think, be admitted. Serious symptoms have arisen at a variable interval after all activity about the gestation sac has subsided. I know of no case in which this has already been done, but my own case is an illustration of the fact. I quote from the report of that case (*Canada Medical and Surgical Journal*, August, 1885):

"After this she improved so much that I ventured to consent to her leaving her bed and going to a couch in the same room; but this proved unfortunate, for she immediately began to suffer from what we took to be symptoms of inflammation and suppuration of the tumor. It became very painful, tender and swollen, and presently a red blush, with slight oedema of the surface appeared. Temperature rose three or four degrees, and altogether her condition gave us much anxiety for a week or two. These symptoms occurred on the closing days of March and first week of April. During this period, while I was absent in New York, she

was seen by my friend and colleague, Dr. Shepherd. The question of incision and drainage of the supposed abscess cavity was seriously considered, but, unexpectedly, she began to improve in every respect, and a few weeks afterward was able to leave her bed.

"On the 15th of June, I had an opportunity of visiting and examining the patient. I found her out of bed, dressed and able to go down stairs. She was pale and thin, but expressed herself as having a fair appetite and good digestion. She had menstruated twice since the beginning of April; profusely on both occasions. Slight pain of hypogastrium still complained of, increased by exertion. Bladder still irritable. On examination, the tumor, in the right iliac region is still present, but greatly reduced in size. Per vaginam, the mass to the right of the uterus is to be felt, but also reduced in size. The uterus is decidedly firmer and smaller, measuring three and one-half inches."

The more advanced the period of gestation at which electricity is employed, the greater must be the danger of such symptoms, as here described arising.

*Expectancy.*—Are we ever to let the patient alone, except for the medical treatment of certain symptoms? If Veit and others be correct in their opinion that all cases of retro-uterine hematocoele depend on ruptured extra-uterine gestation sacs, then I think that sometimes the patient must, or more correctly, may, be left to Nature while we closely watch her. But then, I take it, there are cases that have not been diagnosed, but in which only the suspicion of ectopic gestation has arisen, so that, practically, the treatment of a case of extra-uterine gestation is narrowed to the employment of electricity to kill the foetus, or of ex-section of the sac, after abdominal section, and it must also be clearly kept in mind by the medical man in charge of such a case, that while using electricity or having successfully employed it, it is his bounden duty to hold himself in readiness to immediately perform abdominal section if this should become necessary.

The cost of the last International Medical Congress, in Washington, was over \$54,000.

THE OFFICIAL GERMAN ACCOUNT OF  
THE ILLNESS OF THE LATE  
EMPEROR FREDERICK III.

ANNOTATIONS BY

G. STERLING RYERSON, M.D., L.R.C.P., L.R.C.S., EDIN.,  
Professor Ophthalmology, etc., Trinity Medical College,  
Toronto.

This narrative, which professes to be the official and, therefore, truthful account of the malady of the late Emperor Frederick is remarkable for at least two reasons—1st, the chief consultant, Sir Morell Mackenzie, is not allowed to make any report; 2nd, the whole report is pervaded with a strong animus against Sir Morell. Certainly it is an unique production of medical literature. One is led to think that it has its existence solely in the attempt to decry and defame Sir Morell, and to excuse his German medical attendants. He is accused directly and by implication of almost all the errors of omission and commission a physician could be guilty of. Never was national and professional jealousy exhibited in so concrete a form as in this book of a hundred pages. The main accusation against Sir Morell Mackenzie is that he stood in the way of the proposed "Spaltung des Kehlkopfes" or thyrotomy, to the risks of which operation they were ready and eager to submit the august patient. Dr. Mackenzie opposed this; hence the vials of wrath have been poured out on his head.

Now this operation is a very serious one, and as it was by no means proved, either microscopically or clinically, that the growth was malignant, and as it was, moreover, of very small size, it is not probable any English or American operator would have felt justified suggesting such a procedure. The statistics of results compiled by Mackenzie in his work on the nose and throat (published 1880) are as follows:

Phononia .....	40 per cent.
Dysphonia .....	20 "
Modified voice .....	11.11 "
Defective voice .....	6.66 "
Recurrence .....	38.48 "

*No mention is made of any case being cured.*  
Encouraging results, truly!

Dr. Paul Burns, in his work on the throat, says: "I quite agree with Mackenzie that laryngotomy is only justifiable when an experi-

enced laryngoscopist has declared the removal *per vias naturales* impossible, only, I should say, after he has attempted the removal in vain."

Lennox Browne\* writes of thyrotomy: "It should not be performed except for the relief of vital symptoms, nor until an expert has failed to remove the growth by an endo-laryngeal operation . . . the procedure is not without a certain amount of immediate danger to life. Certain foreign practitioners have not hesitated to divide at one operation two or three rings of the trachea, the cricoid cartilage, the thyroid cartilage, the crico-thyroid membrane, the thyrohyoid membrane, and even the hyoid bone, for the removal of a *small and non-malignant* growth, causing little annoyance; and all this with apparently no thought of such a consequence as perichondritis or caries."

But then we know German devotion to abstract science overrules such commonplace things as prudence and justice to the patient! Again, the Germans deny that a benign growth may take on malignant action.

Professor Gerhardt writes:† "The great statistics of Felix Semon show that of 8,300 cases of benign growths, 40 *appear* to have changed into a malignant form. Most people see in these statistics diagnostic errors, but not metamorphoses." He further denies that irritation can change the character of a growth. Perhaps he would *also* deny that prolonged local irritation will cause a morbid growth, or that irritation will increase its activity! It is further alleged by Dr. Gerhardt that Sir Morell Mackenzie lacked the manual dexterity necessary to remove the *obtruding* growth; and that instead of removing the growth from the left cord he tore out a piece of the *right*! He states,‡ Dr. Morell Mackenzie extirpated on the 8th of June two more pieces of the growth. Such an inconvenient observer as I was, must this time be kept at a distance."

It would seem Sir Morell was able to remove the growth this time, and, no doubt, he was very much afraid of Gerhardt. Still, again, it is alleged by Gerhardt, who seems very sore, that Mackenzie removed a portion of the surround-

\*Diseases of Throat and Nose. London, 1887.

†Page 14.

‡Page 11.



ing tissues, accidentally apparently, and sent it to Virchow for examination, hence his microscopical diagnosis, "Pachydermia verrucosa." That is how he shifts the responsibility from Virchow's shoulders. The history of the case is enveloped in a great mass of verbiage. Each consultant vieing with the other to make his short story long. I will endeavor, in the next issue of the PRACTITIONER, to extract the clinical history from its envelope, and lay the German version before its readers.

60 College Avenue.

### EARLY FACIAL PARALYSIS IN SYPHILIS.

EDMUND E. KING, M.D., L.R.C.P., LOND.,

Member American Association of Genito-Urinary Surgeons.

The occurrence of facial paralysis is by no means a rare event in connection with syphilis, but it is usually a late sequence, and ushered in with prodromata similar to other nervous affections, such as prolonged headache, a general, dulness, etc. The case in point, however, developed suddenly.

Mr. T., aged 24, consulted me on December 15, 1887, for a sore on the glans penis, which had developed rapidly. I made the diagnosis of serpiginous chancre, and it was with great difficulty that I succeeded in causing it to heal. He had the usual sore throat and a very slight rash, but all the secondary symptoms were very slight, a fact I attribute to the early period at which the patient was put on specific treatment, to which he was very attentive for about three months, when he lost his position, and, being out of money, neglected himself. I lost all track of him until July 18, when he again presented himself with facial paralysis on right side, which had occurred on July 15th, just seven months from the time of the initial lesion. The attack came on quietly, and without warning. He lay down to rest in the afternoon, and when he awoke the paralysis was complete in the ocular muscles, and by morning the whole face was involved. The pathological changes which may cause this trouble are either gummata, which occur late in the disease, thickening of the bone and its peri-

osteum, which also occurs late, and the thickening of the walls of a blood vessel, and occlusion of one supplying some particular part, which was the cause, I believe, of the trouble in the present case. The cure rapidly followed the continued taking of hydrarg. perchlor. and potas. iodid. About August 10th he had again control of the facial muscles.

40 Queen Street East.

### FOOD FOR INFANTS — FOOD IN FEVERS AND IN SURGERY.

BY J. H. M'CASEY, M.D., CONCORDIA, KAS.

Food in conjunction with air supplies the elements requisite for growth and vitality. Man's energy, happiness and even goodness largely depend on his bodily condition, and what he eats and drinks. The bran-bread and pea-soup philosophy taught by Graham has long since passed into oblivion. Good cooking and good eating is only another name for economy, health and long life. Food should contain all the elements found in the body, as carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, etc.

Water in itself does not undergo chemical changes, and, consequently, is not concerned in the production of force, though it aids chemical action in other bodies, and may be said to act by catalysis.

The field of general medicine has become so large that one makes a specialty of the eye and ear, another obstetrics, another skin diseases, another surgery, etc., but dietetics belong to them all. All are concerned in dieting in the several branches. The establishment of a chair of dietetics in connection with our colleges is a "want that has been long felt." Who can doubt that many serious diseases, as gout, rheumatism, diabetes, Bright's disease, scurvy and many skin diseases, have had their origin in eating and drinking. Diet sheets should be written about as often as prescriptions.

#### FOOD FOR INFANTS AT BIRTH.

Cow's milk, one part; water, three parts; gradually increase the strength of the milk till about the third month. The food should then

consist of about equal quantities of milk and water. At the end of the sixth month we use pure milk. Some physicians use cream, one part to six of water. I generally use equal parts of milk and water at birth; sometimes I add a little sugar. Some authorities maintain that the milk should be obtained from one cow, while others claim that the milk from one cow will likely be either too rich or too poor, and therefore it should be obtained from different cows to give it a better average.

The strength of the milk should be determined by experiment. Some strong children can use it full strength, while others will do better on one-third strength. Condensed milk is a convenient form of food in the large cities where it is difficult to obtain pure natural milk.

I think it is better to prepare your own foods, where it is at all practicable. Human milk is neutral, but cow's milk is more or less acid, and therefore a little lime water may be added to render it neutral. In most febrile states of the child, water may be given to satisfy thirst and obviate overloading the stomach. Often when the child's stomach is irritable and rejects food and drink, the mouth may simply be moistened with ice water or lemonade.

It is often necessary during the period of lactation, in consequence of failure of the mother's health, to supplement the natural way of feeding. The child should satisfy itself in ten or fifteen minutes at the breast, then drop to sleep or remain quiet. If it tugs at the nipple for half an hour it has not obtained sufficient nourishment, and the cause should be inquired into. To test this, you may weigh the baby before and after feeding. The weight after feeding should be increased several ounces. Ordinarily the mother should not run down in health, still it often happens that the drain of a healthy infant proves too much for the weakly mother, and we must come to the rescue with artificial aid. It is undesirable to wean a baby in hot weather, except under the most favorable hygienic surroundings. At the same time we must consider the danger of causing rickets by too late breast feeding. The reappearance of menstruation should be an indica-

tion for the mother to wean her little fondling. Cow's milk and lime water, broken bread or crackers, etc., may be used after the age of four to six months.

#### NUTRITION IN FEVER.

St. Martin Beaumont says, that during fever the gastric mucous membrane is "irritable, almost dry, and fails in the secretion of gastric juice." The hydrochloric acid is lessened in proportion to the amount of pepsin present. It is probable that febrile dyspepsia depends upon the arrest of saliva, gastric juice and other secretions. The constitutional condition of the patient, his previous dyspeptic habit, his medicine and food have much to do with it.

The modern physician will nourish his patients to the extent of safety. He knows that the stomach and digestion are disordered, and will not assimilate large quantities of food which, if poured in indiscriminately, will decompose, irritate the stomach and intestines, and cause distressing flatus.

Proteid substances especially should be given with caution. At the termination of long fevers it is striking what curious articles are asked for, as cheese, eggs, prunes, pork, fish, etc. I think it is proper in the hands of the physician to allow the patient a taste of what he craves, as a mere taste may satisfy and foster an appetite for something more desirable, except in brain fever, when collapse is impending, instead of pushing food seize upon stimulants to support the failing powers of life. Solid food should especially be avoided in enteritis, peritonitis, dysentery and typhoid fever. If it is feared that nausea and vomiting will occur, administer liquid food in small quantities and at frequent intervals. Since alcohol retards oxidation, reduces fever and is slightly nutritious, it may be given freely in the latter stages of exhausting diseases, and especially in lung and typhoid fevers.

#### FOOD IN SURGICAL CASES.

In the domain of surgery so much attention has been called to antiseptics and cleanliness as to almost ignore dieting. It must be conceded that dieting in the treatment of wounds has been sadly neglected. In the repair of



wounds an abundance of blood is necessary, and the quantity and quality of the blood depends upon nutrition. Barwell observed that in persons who abstained from animal food—the so-called vegetarians—the vitality of the tissues was very low, cicatrization took place slowly, and that suppuration or secondary hemorrhage was quite common.

#### GENERAL REMARKS.

The nutritive value and digestibility of food must be taken into account. It is said that boiling milk will retard fermentation, but will lessen its nutrition and digestibility. A convenient mode of fixing it up is the following :

R Ex. pancreatis ..... grs. v.  
Sodii bicarb ..... grs. xv.  
Milk (fresh) ..... O. i.

Put the above in a clean bottle and put the bottle with its contents into pretty hot water for 30 minutes. Then place on ice or in a cool place till ready for use. This will greatly facilitate digestion and nutrition. The next is vegetables, then meats. Of the meats, mutton and beef are most easily digested. The flesh of young animals is more easily digested, but not so nutritious as that of full-grown animals.

Of the products of the sea, oysters stand first.

Roasting or broiling is the only proper method of cooking meats. Raw beef is both appetizing and nutritious. Soups are only slightly nutritious, except when combined with vegetables, flour, etc.

#### RECTAL ALIMENTATION.

Samuel Hood was the first to write about it in 1822, and Steinhausen in 1845. It is recorded that the Italians used this method two centuries ago. It should not be employed to the entire exclusion of the natural method. It should be used as a supplement or a substitute, and especially when the stomach rejects food, or when there is stricture of the throat or esophagus. The rectum is supplied with lymphatics and glands adequate for absorption and digestion. It is believed that the presence of food in the rectum stimulates the glands of the stomach and intestines. It does not usually

benefit diarrhœa, but is always beneficial in exhausting diseases. Beef soup, beef tea, milk, milk-gruel, cream, eggs and coffee may be used. Three to six ounces every two to eight hours will suffice. In times of apparent collapse a little brandy or spirits of turpentine might be added. Tepid enemata and bathing the body will diminish thirst. If the bowels are very irritable, 20 to 40 gts. of tr. of opium may be added. Patients will not only get along, but will actually gain flesh under this treatment. If there is constipation, instead of giving aperients or purgatives, use injections of milk, which will serve as a nutrient and relieve constipation.

### Selections.

#### PYOSALPINX AND ITS SURGICAL TREATMENT.

This interesting paper contains a summary of 31 cases of laparotomy, undertaken by Dr. Gusserow, during the last three years, for the surgical treatment of pyosalpinx. Under the term pyosalpinx are included only those cases in which the collection of pus in the Fallopian tubes constituted the primary disease; purulent collections in the oviducts, when occurring as a complication of other pelvic diseases, such as uterine fibroids, are excluded from the list, as are also cases of hydro-salpinx and hæmato-salpinx.

In every case recorded in the paper evidence was obtained of preceding or accompanying perimetritic attacks. Indeed, Dr. Gusserow looks upon perimetritis, and the consequent closure of the uterine opening of the oviduct, as an essential condition for the production of pyosalpinx. The longer the duration of the perimetritis and the severer its character, the more likely is it to lead to pyosalpinx. In many of the cases there was reason to believe that there had been antecedent attacks of gonorrhœa; in several others the history was strongly suggestive of such attacks. In many of the earlier cases the contents of the oviduct were submitted to microscopic investigation, but the conclusion came to with regard to the existence

of gonococcus was invariably a negative one. Parturition and abortion are alluded to as additional antecedents of pyosalpinx: in one case curetting of the uterine endometrium preceded the disease.

The presence of labor-like pains during or shortly before the menstrual period is frequently noted in the history of the cases. Dr. Gusserow looks upon these pains as highly suggestive of pyosalpinx, but not pathognomonic of it. They are sometimes entirely absent in cases of pyosalpinx, and, on the other hand, present where there is no purulent distension of the oviduct. Irregularities of menstruation, especially a tendency to menorrhagia, were noticed in the majority of the cases. The more the tumor interferes with the circulation of the uterine vessels in their course through the broad ligament, the more pronounced are menstrual irregularities likely to become. Not unfrequently the history of these cases of pyosalpinx is one of prolonged suffering, so that it would appear that, contrary to expectation from general surgical principles, pyosalpinx may exist for many months, if not years. In many of the cases the usual pelvic pains are increased considerably from time to time; in others the disease apparently begins after an accidental fall or injury, as an attack of acute perimetritis. These are to be looked upon as recurring attacks of local perimetritis, due to the accidental discharge of minute quantities of pus from the oviduct into the peritoneal cavity. If the possibility of the presence of an inactive or latent pyosalpinx be kept in mind, we may account for the onset of dangerous results which sometimes follow slight gynecological operations, such as the introduction of the uterine sound, the production of artificial prolapse, desiccation of the portio vaginalis, etc.

The differential diagnosis of pyosalpinx is not always easy. The situation of the tumor in intimate connection with the broad ligament must be kept in mind as a reliable landmark. As a rule, there is no difficulty in diagnosing a pyosalpinx from a small fibroid, but it must be remembered that, as recorded in one of these cases, pyosalpinx of one or both tubes may exist as a complication of uterine myoma. It is not easy in every case to distinguish clinically ovarian

from tubal growths; indeed, even after their removal, it is sometimes difficult to determine by a cursory examination which is ovary and which oviduct. Fortunately, such exact diagnosis is uncalled for as far as the essential treatment of the case is in question. It must be remarked that from a diagnostic point of view, a valuable source of information is the chart of the pelvic and the general bodily temperatures. There is no mention of any such observation having been made in the history of the cases under consideration.

For the ultimate success of the operation, Dr. Gusserow thinks it necessary, first, to minimize the chances of the subsequent formation of hernia; and, secondly, to assail all cases leading to attacks of parametritis or recurring perimetritis. The chances of hernia are diminished by making a small incision. This adds apparently to the difficulties of an operation, often as difficult as any in abdominal surgery; but in reality a long incision in no way lessens the difficulties peculiar to this operation. These arise mainly from the imbedding of the diseased tube in the surrounding tissues, and from the inaccessible situation of the mass deep in the pelvis. Dr. Gusserow insists strongly on the raising of the uterus and the appendages through the vagina by an assistant, to render the field of the operation more accessible to the fingers.

The question as to whether one or both tubes and ovaries should be removed is not decided. It is urged that removal of both ovaries and tubes brings on early climacteric, with its consequent comparative freedom from risks of perimetritis and parametritis. In practice, however, Dr. Gusserow removes the tube which is diseased with the corresponding ovary, and it is noted that a patient subjected to this one-sided operation, subsequently gave birth to a child. It must be remarked, however, that this woman, as well as another one mentioned in the paper, had to undergo a second operation at a subsequent date for the removal of the other tube and ovary.—*A. Gusserow, Archiv. für Gynäkologie. —Med. Chronicle.*

The American Association of Obstetricians and Gynecologists will hold its first Annual Meeting at Washington, Sept. 18th, 19th and 20th.



ANTISEPTIC ACTION OF IODOFORM AND SOME ETHEREAL OILS.—Riedlin finds that iodoform has no action on the staphylococcus aureus, but in view of the fact that the different forms of micro-organisms are differently affected by the same antiseptic agent, it will not do to draw general conclusions. On the other hand, iodoform manifests strong antiseptic powers on Koch's cholera bacillus, even in the form of vapor. His experiments with some of the ethereal oils and other substances lead him to the following conclusions:

1. Oil of turpentine in 1 per cent. emulsion quickly arrests the growth of bacteria, but has no destructive action on the spores of the anthrax bacillus.

2. Oils of lavender, eucalyptus and rosemary are the most efficient of the other antiseptic oils, but it is impossible to make emulsions which have antiseptic properties.

3. Oil of cloves possesses some antiseptic powers; all other antiseptic oils (fennel, peppermint, juniper, as well as camphor) are of subordinate value.

4. Peru balsam is a fairly energetic antiseptic, especially against the cholera bacillus.

5. Sodium sulphoichthyolate in 5 per cent. watery solution has but slight anti-bacterial action.—*Centralblatt für Bacteriologie.*—*Journal American Medical Association.*

SYRINGOMYELIA.—Prof. Kahler, in an important paper which he read before the Society of German Physicians, at Prague, discussed the possibility of a more exact clinical diagnosis of syringomyelia. He first directed the attention of the audience to a case observed by him in former years, in which the *post-mortem* examination confirmed the diagnose of syringomyelia in the cervical part of the spinal cord. The same complex of symptoms which had been present in that case was also, for the greatest part, to be found in the case which he now brought before the Society. The patient, a man, 26 years old, suffered for three years from emaciation and wasting disturbances on the hands. The affection first set in on the left side, and was then observed also on the right. No pains, but paræsthesias, and for the last time,

also, disturbances of sensibility were present. For the last year particular trophic disturbances came on. They consisted in the formation of vesicles and ulcers, which first supervened over the skin of the right hand, and later on over the skin of the shoulders and upper-arms. The ulcers healed and hypertrophic and keloid scars remained behind. The muscular atrophy corresponded, as far as its intensity and its spread was concerned, to the type "Aran-Duchenne," and had hitherto remained confined only to the internal muscles of the hands. The patient, presented some symptoms on the part of the sympathetic nerve. These symptoms consisted in narrowing of the left eye-cleft and retraction of the eye-ball, as well as in narrowing of the left eye pupil. Prof. Kahler, in conformity with the German physicians, considered these symptoms as being essential for syringomyelia, and this was especially true of the ocular papillary symptoms which pointed to a participation of the centres of the sympathetic nerve in the cervical part of the spinal cord. When the disturbances of sensibility were for a long time the sole symptoms observed in such a case, this condition pointed to a preceding participation of the funiculi posteriosis of the spinal cord in the formation of the cavity in the matter of this organ.—*Vienna Correspondent, in Journal of American Medical Association.*

CALOMEL AS A DIURETIC.—Professor Nothnagel (*Therap. Monatsh*), is of opinion that calomel is of extraordinary value in dropsy due to heart disease, but inefficacious in dropsies consequent on nephritis, cachexia, or liver affections.

He prescribes—

R Calomel ..... 3 gr.  
 Sacch. lactic ..... 7½ gr.  
 Fiat pulv. Mitte x.

Four powders are taken the first day. On the first and second day the excretion of urine is not increased, but on the third or fourth day, the urine flow often rises from 300 ccm. to 5,000 and even 7,000 ccm. The quantity during the next eight days sinks gradually. With intervals of two to four weeks the treatment may be taken up again. If no success is obtained

after the first four days, a new series is commenced after eight days. If even then no diuresis follows, the drug has to be abandoned.

In this treatment it is most important to pay special attention to the care of the mouth. Potassium chlorate, tincture of myrrh, tincture of rhatany, and solution of permanganate of potash are employed for this purpose.—*Med. Chronicle*.

#### CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

Dr. C. M. Poole, in the *Medical Times*, says: Hofmeier reports a case of ruptured perineum, extending very high up, which was stitched up and the wound irrigated with a 1 to 1,000 sublimate solution. The patient died on the twelfth day, of mercurial poisoning. There was extensive gangrenous destruction of the entire mucous membrane of the large intestine, continuing also into the ileum. A similar case is reported by Stadtfeldt, in which a puerpera was given, on the fifth day, an intra-uterine irrigation of sublimate solution, 1 to 1,500. During the irrigation there was slight collapse, and five days later increased diarrhœa, vomiting and suppression of urine. The case terminated fatally. In the large intestine there were likewise numerous ulcerations, and, besides, parenchymatous nephritis.

These two cases, in which comparatively small quantities of a moderately concentrated solution of bichloride of mercury were employed, must certainly impress upon us the need of the greatest caution in its employment in puerperal women. Not only in using bichloride of mercury, but in making any kind of injections into the uterus we should be very cautious.

THE CALOMEL TREATMENT OF TUBERCULOSIS. — (*Prager medicinische Wochenschrift*), MARTELL. The author has used calomel in the treatment of various tubercular processes for three years, with good results. The basis of the treatment is that corrosive sublimate has a marked toxic effect on the bacillus of tubercle, and that calomel in the presence of sodium chloride, and especially at the temperature of the body, is changed into the perchloride. The reason that poisonous symptoms do not develop during the exhibition of the calomel is that an albuminate is formed, a more insoluble com-

pound than the sublimate. In external tubercular diseases calomel is dusted on the parts, and in pulmonary tuberculosis the powder is brought into contact with the diseased part by using it in Kabierske's spray. He gives the drug in powders for intestinal tuberculosis, and prepares a calomel soap to rub over glandular swellings.—*Med. Chronicle*.

WHOOPIING-COUGH.—The writer has been having good results in quite a series of cases of whooping-cough from the following prescription:

R Antipyrin . . . . . gr. xxx.  
Potass. bromid. . . . . ʒj.  
Syr. tolu . . . . . ʒiiss.  
Aqæ, q.s. ad. . . . . ʒiiij.

M S. Teaspoonful to a dessertspoonful, according to age, when required, but especially at bedtime. The ages varied from three to twelve years. The combination is useful in both stages of the affection.—*New Orleans Medical and Surgical Journal*.

#### VIRCHOW ON THE DISTOMUM HÆMATOBIIUM.

—Professor Virchow, ever active in many and varied pursuits, having recently been up the Nile, has just returned to Cairo and devoted his immense influence towards stimulating the Egyptian authorities to a systematic examination into the *habitat* of the bilharzia hæmatobia, and in the manner in which this parasite makes its entry into the human body. There is no doubt that this distomum is abundant in Egypt, but what remains to be ascertained are the localities where it undergoes its development, and attains its maturity. Dr. Fouquet, of Cairo, has had great success in treating the disease with the fluid extract of male fern, which is surprising, as it has usually been considered not amenable to treatment, when once the parasite had established itself in the urinary tracts.—*Maryland Medical Journal*.

#### THE TREATMENT OF DIABETES MELLITUS.

Eichhorst cautions against the sudden institution of an absolute meat diet, as this carries with it certain dangers. Saccharin is useful in the dietetic treatment of diabetes, but must not be given indiscriminately, lest an unpleasant, sweetish after-taste remain or nausea or disgust arise.



The author considers saccharin-cocoa a useful beverage, notwithstanding that it contains a not inconsiderable quantity of starch. Little is to be expected from medicinal treatment, though Eichhorst saw a case treated with arsenic and another with opium, in which the sugar disappeared from the urine. Of treatment at the springs, the author gives Carlsbad the preference. The majority of patients return from Carlsbad with urine free from sugar. The cure is, however, not permanent. Antipyrin is not available in diabetes mellitus; in a case of diabetes insipidus, on the contrary, in which three gallons and a half of urine were daily passed, the amount was permanently reduced to the normal upon the exhibition of seventy-five grains of antipyrin daily.—(*München. medicin Wochenschr.*) *Medical News*.

EDUCATED CORPUSCLES.—“The future of preventive medicine,” said Prof. Ray Lankester, in the fascinating lecture which he delivered at the London institution, “is the education of the white blood corpuscle.” A corpuscle is a minute cell of protoplasm which floats in the human blood. This minute creature eats and lives and flourishes and dies almost like a human being. Its special function, said the lecturer, is to eat up the poisonous element which finds its way into the blood. When a wound heals it is because these indefatigable corpuscles have found their way to the sore and have eaten away the injured part. When bacteria gets into the system the duty of the corpuscles is to go for them and eat them up. If they succeed, the patient recovers. If they are out of appetite, or the bacteria too tough a morsel for them to attack, the patient dies. Sometimes, with unconscious heroism worthy of Marcus Curtius, they purify the bodies in which they live by eating up poisonous particles and then ejecting themselves, thus sacrificing their own lives. But such heroic self-immolation is not necessary if you educate your corpuscle. His education proceeds by inoculation. By accustoming your protoplasmic cell to a low diet of mildly poisonous matter. Such as the vaccine lymph, it becomes acclimatized, as it were, and is strong enough to eat up without inconvenience the germs of small-pox, which would otherwise

prove fatal. It is these invaluable corpuscles which enable confirmed arsenic eaters to swallow with impunity a dose sufficient to kill six ordinary men, and Prof. Lankester is of the opinion that they can be trained so as to digest the most virulent poisons and deal with a great number of diseases.—*Pall Mall Gazette*.

EDINBURGH SCHOOL OF MEDICINE.—“Between the years 1860-1865 the Edinburgh School of Medicine was at the zenith of its fame as a teaching school. Goodsir and Christison, Syme, Simpson, and Hughes Bennett within the University, Spence, Gairdner, Warburton Begbie, and Littlejohn in the extra-mural class-rooms, made a school of extraordinary power. The new infirmary and the new university buildings, with all the magnificent teaching appliances of the last decade, were still unthought of; but with the small class-rooms, starved laboratories, and cramped hospital wards, still good work was done, and immense enthusiasm was roused in the leading students. In those days there was probably more room for individuality, and oddities were probably more characteristic and less noticeable. Nowadays the constant grind which is absolutely essential even for a pass, the multiplication of text-books, and the much less powerful personality of the professoriate, with the stern discipline of a students' representative council, tend in the direction of producing a complacent, self-satisfied mediocrity, a level—probably a high one—of general education in the profession; yet we sometimes miss the outstanding characters of an earlier age.—*Edinburgh Medical Journal*.

BURNS.—Burns are common enough to speak of, as we often have to treat them; and a writer in one of our medical journals gives the following formula:

Tannin,

Alcohol at 95° . . . . āā . . 4 grammes

Ether sulph. rectified . . 30 grammes

Paint the parts with this two or three times a day.

After the evaporation of the ether there remains a fine pellicle of tannin over the burn, that takes away the pain and inflammation, and the cure is much more rapid than with the

various collodion preparations. The first painting of the part should always be preceded by a careful antiseptic washing, to take away any foreign substances that may have adhered to it, and all blisters must be punctured before applying the remedy. If there has been some time passed without any treatment, a slight coating of iodoform should be powdered over the part first.—*Paris Letter, Med. Times.*

THE INFLUENCE OF ERGOT ON INVOLUTION OF THE UTERUS.—A discussion upon this subject was introduced at the February Meeting of the Obstetrical Society, by Drs. Herman and Fowler. In their cases the criterion adopted was the height of the uterus above the pubes upon successive days of the lying-in in two series of cases, (1) where ergot was administered systematically for fourteen days, and (2) where one dose was administered and no more; the result was that the uterus diminished more rapidly in the first than in the second class of cases; with the regard to the cessation of the lochia there was no appreciable difference. Dr. Boxall had made similar series of experiments, and found that ergot tends to prevent the formation and hasten the expulsion of clots, diminishes the frequency, intensity and duration of after pains—has no appreciable effect on the cessation of the lochia. Dr. Dakin did not accept the criterion as trustworthy; his results had been contrary. He found that with a single dose of ergot the uterus sank to the brim in 9·2 days, with three days of ergot in 12·3. That with one dose lochia lasted 9·8 days, with three days' use of the drug the duration was 11·3 days. That in the ergotised cases there was less after-pain, but more clots, which, however, ceased on the 6th day, while in the unergotised cases they lasted till the tenth.

The same question is discussed by Dr. Blanc in a paper in the *Annales de Gynécologie*, March, 1888. The conclusion, which he considers his experiments amply justify, is that ergotin when administered during the first five to ten days of the puerperal period, so far from exerting a favorable influence on uterine involution, actually interferes with the process, as tested by external measurement combined with internal.—*Birmingham Medical Review.*

#### THE "AFTER-TASTE" OF THE SALICYLATES.

When salicylic acid or salicylate of soda are given in solution, an unpleasant taste is so important an after consideration, that nausea followed by vomiting is often the result. This has been almost a universal objection of patients. This condition of affairs can frequently be averted by placing a small quantity of table-salt upon the tongue immediately before the administration of these preparations.—*Dietetic Gazette.*

GLYCERIN SUPPOSITORIES FOR HABITUAL CONSTIPATION.—Boas, in the *Deutsche medizin. Wochenschr.*, states that in a large number of cases he has had good results from the use of glycerin enemata as a purgative; but in some cases, particularly those with hemorrhoids, or in individuals with an irritable rectal mucous membrane, which readily bleeds, the use of the syringe is no slight objection, so that the injections must be intermitted or entirely refrained from. The use of the syringe is also inconvenient. For these reasons he has prepared suppositories consisting of capsules containing 16 minims of pure glycerin, which he has used in twenty cases, with the best results. The suppositories have been found to retain their form and efficacy for many weeks. Fifteen to twenty minutes after using one there is a desire to go to stool, but without tenesmus or other discomfort; soon followed, as a rule, by a copious evacuation. The employment of glycerin per rectum seems specially indicated when, with the constipation, there exists gastric disorder.—*Medical News.*

#### TUBERCULOUS HÆMOPTYSIS.—(Chauvin.)

R. Iodoform . . . . . gr.  $\frac{3}{4}$

Extract of gentian or of liquorice, q.s.

Take three to five pills per diem.

Or better:

R. Iodoform . . . . . gr.  $\frac{3}{4}$

Tannic acid . . . . . gr.  $1\frac{1}{2}$

Excipient . . . . . gr.  $1\frac{1}{2}$

In an interesting work the authors form the following conclusions: Iodoform is a powerful and rapid hæmostatic remedy. Relapses are rare. Iodoform has relieved where ergot has failed.—*Revue de Ther.*—(*Medical Times.*)



## TREATMENT OF ULCER OF THE STOMACH.

BY PROFESSOR GERHARDT, BERLIN.

... As regards treatment, diet took the first place, and besides regard to the etiological condition and the character of the contents of the stomach were of importance. It had been proposed to feed the patient per rectum, but in many cases this was not practicable, as frequently there was a persistent hypersecretion of gastric acid. In recent cases milk diet often sufficed, but in old ulcers in which structural changes had taken place, milk was frequently not borne at all. Peptones he could not praise. Even if they could be taken, they caused a secretion of gastric juices, as Schiff had shown. In cases of profuse hematemesis and perforation, on the other hand, they were very serviceable per rectum. Peptones were therefore very suitable for cases in which alimentation by the stomach could not be carried out. In many cases a continuous secretion of gastric juice was present, this was diverted from the ulcer by meat or egg diet. Most physicians therefore recommended a diet mainly animal, meat, milk, or eggs. In cases of stenosis of the pylorus in which a tendency to lactic and butyric acid fermentations was present, one was compelled to give a diet consisting principally of flesh meat, and to avoid the hydrocarbons as much as possible.

As regarded drugs, he did not think the use of morphia justified except in extreme cases, as under its use the patient was more easily inclined to indulge in errors of diet. In cases of doubtful diagnosis hydro-chloric acid was much employed, in cases of anæmia it was advisable in exceptional cases. He had obtained good results with perchloride of iron. Alkalies had not obtained much repute in the treatment of circular ulcer. Bicarbonate of soda and bismuth were principally employed, on account of the property possessed by the latter of covering the mucous membrane of the stomach. It was much more useful to bring the walls continuously into contact with weak alkaline fluids, with the mineral waters of Carlsbad, Ems, Tarasp, etc. The first-named had, according to Jawoiski's experiments, the property

of checking by its steady use the acid secretion, or of converting it into its opposite. Washing out the stomach with solution of common salt, and the treatment by nitrate of silver introduced by G. Johnson, were noted, and the frequent good effects of the latter. Condurango had a favorable influence. The most important advance of recent times was washing out the stomach. In old cases it was strongly to be recommended, but in those of recent origin there was danger of hemorrhage being set up. Moreover, some patients submitted to it with difficulty. It acted as a reliever of pain, and excitant of appetite; constipation and dilatation of the stomach ceased, and healing often took place.

The question of definite healing was a very difficult one. He had once had the experience of a patient coming to thank him one day for curing him of an ulcer of the stomach, and of being invited the next day by the patient's regular attendant to the *post-mortem* examination. On his return journey home he had committed gross errors of diet, and on the day following his ulcer gave way. It was to be noted that patients were frequently weeks and months without pain with the ulcer still present, the pain at once returning on indigestible food being taken. It was, therefore, advisable to extend the treatment until the weight had increased, spontaneous pains had ceased, and tenderness on pressure was no longer present. It was not possible with our present methods to prove a definite cure with absolute certainty. —*Medical Press and Circular.*

AIR-EMBOLISM IN PLACENTA PRÆVIA. — Kramer (*Zeitschrift für Geburtshülfe*), reports a case of placenta prævia (centralis) in which turning was just accomplished when following a uterine contraction and contraction of the abdominal muscles, the patient collapsed and died. *Post-mortem* examination revealed the right heart distended with air; in the deeper layers of the decidua the open mouths of veins were seen, through which air had entered. No air was present in the uterine veins; that which entered when the uterine and abdominal contraction relaxed and the blood-pressure in the abdominal veins became negative had passed at once to the heart. —*Am. Jl. Med. Sciences.*

## SPECIAL CLINICS IN VIENNA AND NEW YORK.

—Six years ago it was my pleasure to stand in close relation and serve my apprenticeship in some of the largest throat and ear clinics in London and on the Continent, and I am more than convinced now of their unexcelled superiority over those found in New York. The student who followed these special clinics exclusively could in one day, in Vienna, examine from 100-120 cases of throat and ear trouble carefully, and treat personally from ten to thirty cases. I have often catheterized the Eustachian tubes in twenty different cases a day, besides treating any variety of ear and throat cases. Such opportunities for individual practical familiarity with diseased organs can be found neither in New York nor any city of America that I know of. The painstaking care, the personal supervision, the careful elucidation of cases, which most of these eminent men give to their students, is also a great point in their favor. The facilities in the way of space, instruments for treatment and examination are also far superior to our American institutions. The Golden Square Throat Hospital, in London, is a perfect palace compared to our clinic-rooms,—a model of simplicity, neatness and practicability that I have never seen equalled. Everything in this institution seems to have been worked out in its minutest particular by a master hand. Every patient, every instrument, every medicine for treatment, and everything connected with this hospital has its properly allotted place, and everything works like a watch in motion. Of course, in other departments, New York has gained a reputation equal, if not superior, to that of many of the great European cities, and offers advantages to the American student which would be folly to seek elsewhere. In advantages for the study of throat and ear diseases, however, New York will occupy for some time to come an inferior position.—*Dr. Eric E. Sattler, in Lancet-Clinic.*

## GENERAL ANTIDOTE FOR ANY POISON OF UNKNOWN NATURE.—

Magnes. ust. . . . .	} Equal parts with sufficient water.
Carbon. lig. . . . .	
Ferri. oxid. hydrat. }	

—*Pharm. Rundschau.*—*Am. Jl. Med. Science.*

TYPHOID BACILLI IN THE KIDNEYS.—Dr. Konyaëff has published some researches, which he has made with the help of Dr. N. V. Uskoff, on the microscopic structure of some little nodules found in the kindeys of typhoid fever patients, in 20 cases out of 120 *post-mortem* examinations of bodies dead of this disease in the Alexandroff Hospital of St. Petersburg, during the year 1887. The preparations were stained with a solution of methyl in dilute spirit and fuchsine in a 5 per cent. solution of carbolic acid. In all the cases examined there were found in the centre of the nodules colonies of slightly colored bacilli precisely like those of typhoid. No others were seen. In two cases these were successfully sown in nutrient jelly, and from them a double kind of colony was developed exactly like typhoid colonies. Potato cultures were also reared, and the microscopical examination of these left no doubt that the jelly cultures were cultures of true typhoid bacilli.—*Lancet.*

CASE OF BESTIALITY.—A singular case of this kind has been reported to the Société de Médecine légale de France by a physician of Orleans (*Annal. d'hyg. publ.*), who desires to conceal his name. The physician was called to a male domestic servant, aged eighteen or nineteen years, who was suffering from a large wound in the anus, which had bled profusely. The wound was about two inches long and was of the nature of a large rupture of one side of the anus. After much hesitation the boy confessed that for some time before he had frequently permitted a large, strong spaniel to have connection with him. The connection had been, until the last occasion, unattended by injury. On this occasion, however, the boy having been called in the middle of the act and afraid of being surprised by a visit from his master, endeavored to detach himself as speedily as possible from the dog. This was rendered difficult by the non-collapse of the large swelling toward the base of the dog's penis, which was grasped within the anus. The boy, however, in spite of the cries of the dog and his own suffering, contrived finally to separate himself forcibly from the dog, but not without producing the large rupture of the anus referred to.



This case is interesting in view of the statement made by Bouley and Brouardel and others that connection of dogs with men is highly improbable.—*Am. Jl. Med. Science.*

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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TORONTO, SEPTEMBER, 1888.

### UNIVERSITY OF TORONTO MEDICAL FACULTY.

The re-established Medical Faculty of the University of Toronto is now so well recognized and so generally supported by the profession and the public, that we can scarcely realize the fact that the statutes bringing it into existence were only sanctioned by the Governor in Council about a year ago, *i.e.*, August 22nd, 1887.

The second session since the re-establishment will commence on Monday, October 1st, when the formal opening exercises will take place in the Convocation Hall of the University, at 4 p.m. It is expected that Professor Richardson and others will deliver short addresses.

It is confidently hoped by those immediately interested in the work of the Medical Faculty that the coming session will be very successful in all respects. All arrangements in the various departments at the University, Medical College and the Hospital are completed. The lectures in the science department during the first part of the session will be given in the School of Practical Science and the class-rooms of the University, as they were last session.

The new Science Hall is being built as

rapidly as circumstances permit, and promises to be one of the finest and best equipped buildings of the kind on the continent. It is being erected on a site near that of the old building, which was at one time occupied by the Toronto School of Medicine, and which was lately known as Moss Hall.

### THE UNIVERSITY OF BOLOGNA.

The famous University of Bologna, in Italy, is the oldest in the world, having been established in 1088. The eight hundredth anniversary of her foundation was celebrated in June by a festival, which was attended by representatives from all civilized countries. A very interesting account of the celebration is given by A. Lagerio in the *Chicago Medical Journal and Examiner* for August.

The University of Bologna at first taught only law, while at the same time the School of Salerno taught medicine. Before long, however, the teaching was divided into four faculties—law, medicine, theology and fine arts. The number of students at present in attendance is 1,338. It is said the number at one time was over 10,000.

The approximate dates of the establishment of the various celebrated universities are as follows: Bologna, Italy, 1088; Paris, 1230; Naples, 1224; Rome, 1245; Oxford, 1249; Cambridge, 1254; Prague, 1340; Vienna, 1365; Heidelberg, 1386; Cambridge (United States), 1636; Berlin, 1810; Toronto (King's College), 1827.

The festival must have been a grand affair. Lagerio says: "Bologna was unrecognizable; the streets were full of people, and animated; every train brought thousands of persons. The hotels were crowded, and the foreign representatives were lodged in private houses. Crowds of happy students were seen in every street, and recognized by their caps. The law students had on blue caps; those of medicine, red caps; the mathematicians, green; those of philosophy and letters, white. . . . But the 12th of June will be remembered as the most glorious day that Bologna has ever witnessed. It was the greatest day of the festival. From early morning the professors began to meet at

the university building. Their different costumes and languages blended in the common brotherhood of science. All were dressed in their rich college robes. The whole city was grandly decorated, and the streets were packed with people eager to witness the grand procession."

#### CHLORATE OF POTASH AS A POISON.

Chlorate of potash is a medicine well known and largely used by the public, and very generally recommended by the profession. A box of tablets fits nicely in a vest pocket, and a good quantity of these tablets can be taken in a day. Few appear to know, or at least realize the fact that chlorate of potash is a poison.

Jacobi, of New York, has protested very strongly against the indiscriminate administration of this drug, and has reported eleven deaths from its use. Peabody, of New York, in the *Medical Record* of July 21st, has reported two deaths. Among the symptoms of poisoning are obstinate vomiting, severe intestinal pains, suppression of urine, feebleness of the heart and dyspnoea.

It has proved fatal in single doses of four drachms to an ounce, but such cases are rare. The more common dangers are associated with its too general use in the form of tablets, by its effects especially on the blood, kidneys and heart. According to Jacobi a child one year old should not take more than one scruple in twenty-four hours, and an adult no more than one and a half to two drachms in the same time.

#### THE MEDICAL COUNCIL GALLANTRY.

A note appeared in the July issue of *THE PRACTITIONER* respecting a female doctor, educated in the United States, having a Normal School Certificate about thirty years old, and also a certificate of a certain science course, who made application to be registered as a matriculant and have her chemistry allowed her at her primary examination. The Council allowed her the whole primary examination, and many worthy members of the College of Physicians and Surgeons have felt that the spirit of chivalry was carried altogether too far and would be glad to know the vote

which was taken on the motion to refer the report back in order to strike out the portion granting the primary examination. Those opposed to the motion were Drs. Bergin, Bray, Campbell, Fenwick, Grant, Harris, Henderson, Husband, Logan, MacArthur, Moore, Orr, Philip, Roseburgh, Ruttan, Vernon and Williams (17). While the following believing in equal rights to all, were uninfluenced by any considerations of sex, viz., Drs. Buchan, Burns, Cranston, Fowler, Geikie, Henry, Russell and Wright (8). Dr. Day was absent when the vote was taken.

#### THE DANGERS OF ANTIPYRIN.

The antipyrin craze is one of the most remarkable in a medical sense during the present century. The drug was found to act very promptly in a certain proportion of cases in relieving pain and reducing temperature. As far as pain is concerned, however, its effects are very uncertain.

After its introduction, it soon became exceedingly popular with the profession, and is now used by many indiscriminately in all cases where there is pain, high temperature, or a tendency towards convulsions, or any combination of these conditions. The infection has reached the general public, and the victims of headaches, and back-aches, and, in fact, all kinds of aches, proud of their knowledge of therapeutics recently attained, frequently buy their own supplies, and take the drug freely in scruple doses.

It has been found that its use is frequently accompanied with very grave danger, and the conclusion naturally follows that it should never be administered without careful consideration. It is especially dangerous, as has been well pointed out by the "Alienist and Neurologist," when there is organic embarrassment of either heart, lungs, or kidneys. We fear that a large number of physicians give large and frequently repeated doses to reduce the temperature, or relieve pain, without taking any trouble to ascertain the causes giving rise to such symptoms.

Our advice would be, when your patient is close to the border-line between this world and the next, beware, lest your big doses of antipyrin turn the scale the wrong way.



## CANADIAN MEDICAL ASSOCIATION.

The following papers have been promised, in addition to those mentioned in the August number :

1. Some new Instruments—Dr. Thomas R. Dupuis, Kingston.
2. "Myxœdema," with report of case—Dr. John Campbell, Seaforth.
3. Mania after Operations—Dr. Shepherd, Montreal.
4. Some Eye Symptoms due to Central Lesions—Dr. J. W. Stirling, Montreal.
5. The Influence of the Nervous System on the Nutrive Processes—Dr. T. W. Mills, Montreal.
6. Massage in Cases of Obstinate Constipation—Dr. W. Halford Walker, Hamilton.
7. A report of a case of Extreme Rapidity of the Heart's Action—Dr. J. E. Graham, Toronto.
8. Indications for, and Comparative Merits of, Emmett's and Schrœder's Methods of Operating upon the Cervix Uteri—Dr. T. J. Alloway, Montreal.
9. A few facts relative to the Communicable Diseases in Man and Animals.
10. Ophthalmoplegia Externa—Dr. R. P. Howard, of Montreal.
11. A Case of Exostosis Bursatæ—Dr. James Bell.

## NOTES.

Prince Louis Ferdinand, of Bavaria, has passed his final medical examination.

Dr. Alexander McPhedran has been appointed a Lecturer on Clinical Medicine in the Medical Faculty of the University of Toronto.

A committee has been formed with the object of founding in Berlin a permanent memorial to the memory of the illustrious Professor Von Langenbeck.

We express the hope that *The Medical and Surgical Reporter*, of Philadelphia, established over thirty years ago, will not be confounded with a recently introduced medical paper adopting a similar name published in Toledo.

The medical journal of Tokio, Japan, reports an epidemic outbreak of cerebro-spinal meningitis among the soldiers of the Osaka garrison.

Dr. Herrmann Knapp has been appointed Professor of Ophthalmology in the New York College of Physicians and Surgeons, as successor to the late Dr. C. R. Agnew.

LESLIE DEFENCE FUND.—Dr. Angus McKinnon, Guelph, \$5 ; Dr. H. Howitt, Guelph, \$5. The Secretary of the fund will be glad to receive subscriptions, address Dr. J. White, Hamilton.

*The American Dermatologist* is another new journal in the field for professional favor. It is the only journal in America devoted solely to diseases of the skin. R. St. J. Perry, M.D., is the editor. It is published at Indianapolis.

Professor Hegar, of Freiburg, has performed sixteen consecutive enucleations of myomatous tumors of the intraligamentous variety without a death, and within a period of less than two years has done six cæsarean sections without a fatal issue.

On the electrical treatment of disease of the uterus Sir Spencer Wells pronounces as follows : In my opinion, with the option before her, it would be neither wise nor charitable to give a patient strong advice in favor of an immediate cutting operation.

Le Sage states that the non-bilious green diarrhoea is bacillary, contagious, and transmitted most frequently through the air. It is caused by the introduction into the intestines of a bacillus which has a special form and reaction. This bacillus gives a green tint to the stools.

Dr. Henry Morris in an elaborate paper on the radical cure of hydrocele, in the August number of the *Journal of the Medical Sciences*, gives notes of two cases of the excision of the tunica vaginalis followed by a recurrence of the hydrocele.

Dr. J. B. Mattison, of Brooklyn, is translating Erlenmeyer's "Die Morphiumsucht und ihre Behandlung"—The Morphia Disease and its Treatment—third and last German edition, the

latest and largest work on the subject, which, with notes and comments by the translator, will be brought out the coming autumn.

**HOSPITAL APPOINTMENTS.**—We are happy to note the following excellent and important appointments to the staff of the Toronto General Hospital:—Drs. A. McPhedran and W. B. Nevitt to the regular staff; Dr. G. R. McDonagh, Laryngologist; and Drs. A. Baines, T. Covernton, J. F. W. Ross, George A. Peters and B. Spencer, to the extern department.

**TREATMENT OF TYPHOID.**—Ziemssen especially recommends the lukewarm bath gradually cooled (*Journal Medical Sciences*). The patient sits up in a bath 87°—92° and the water is kept in constant motion and splashed continuously on the parts out of water. It is to be cooled down about 10° by cold water poured on to the patient's feet. The duration of the bath should be not under fifteen minutes, nor over thirty.

Dr. Buckhan, in the last number of the *Medico-Legal Journal*, on the subject of the relation of the menopause to insanity, concludes: "When a woman becomes insane at the age of forty-five or fifty, we believe the time is simply a coincidence, as there is no adequate cause in the menopause to produce an organic lesion of the brain, the conclusion appears to be inevitable that it cannot *de nova* cause insanity, *ex nihilo nihil fit*."

**CHLOROFORM WATER AS AN ANTISEPTIC.**—Prof. Salkowski (*Deutsche Med. Woch.*), speaks highly of the antiseptic powers of chloroform water. It is also an admirable disinfectant. From experimental evidence (*Am. Jl. Medical Sciences*), Salkowski draws the following practical hints:

Chloroform water is a superior agent to add to all ferment solutions, albuminous fluid, etc. Its volatility is of great advantage, permitting its removal by heat or air current when necessary. To preserve urine unchanged it is of great value. It is useful also for the preservation of smaller anatomical preparations. In cholera it should certainly be tried.

**COMPLIMENTARY RESOLUTION.**—The Secretary of the Huron Medical Society has forwarded the following complimentary resolution, unanimously passed at the last meeting of that society at Seaforth on the 10th ult. Moved by Dr. Bruce Smith, Seaforth, seconded by Dr. Worthington, Clinton, "That whereas, Dr. Geo. Hodge has expressed his intention of removing from the town of Mitchell, where he has for many years been an honored member of our profession, and of taking up his residence in the city of London, the members of this Society desire to avail themselves of this opportunity of expressing regret at losing Dr. Hodge from this vicinity, where he has always enjoyed the respect and esteem of his fellow practitioners and that we assure him that in his removal he is followed by the well-wishes of his medical confreres here, who will ever cherish pleasant recollections of his many good qualities while a practitioner in this section of the province."

Sir Morell Mackenzie has sent the following dangerously ironical reply to a firm of publishers who informed him that they had received for publication a translation of the official pamphlet recently issued in Germany by Bergmann, Landgraf, Gerhardt, Schiothen, and others: "I am much obliged to you for your courteous letter. I am not surprised to find that Messrs. Schenk, the Imperial publishers, of Berlin, are offering their thoroughly professional and strictly veracious publications for sale in the London market. I do not think, however, that any respectable publisher in this country will jump at securing the honor and profit necessarily contingent on the reproduction of the edifying document. But should any enterprising firm, emulous of the fame attaching to Curl in the past and Catnach in the present century, be found to swallow the delectable bait, I shall not shrink from a prompt vindication of my professional reputation through the medium of the law courts."

**TORONTO GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES.**—The following letter, from the Medical Superintendent of one of the largest institutions in the United States, was



received recently by the authorities of the Toronto General Hospital, and speaks for itself:

"You have been kind enough on former occasions to refer me to some of your unemployed graduates. The last nurse you supplied me with—Miss G.—has just left us, after staying a year. I much prefer the young ladies from your school to any I have obtained from elsewhere. They are better educated and better disciplined. If you should know of any seeking institution work, I should be very much obliged if you will place me in correspondence with them. Miss G. has left amid universal regret, and greatly beloved, and you cannot do us a greater service than by recommending one like her.

"I am, yours truly,

"Signed ———

"Resident Physician."

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.  
—We take pleasure in calling the attention of the profession in Canada to the meeting of the Mississippi Valley Medical Association, which will convene at St. Louis, Sept. 11, 12 and 13, 1888.

Dudley S. Reynolds, A.M., M.D., Louisville, President; John L. Gray, M.D., Chicago, Ill., Secretary.

A good programme is being arranged with a full supply of able papers and interesting discussions.

"This is the most desirable time to visit St. Louis, it being during the great exposition and carnival season. All the doctors should bring their wives and families, as there will be ample enjoyments for the latter while the meetings of the Society are in progress.

"Liberal arrangements will be secured from the various railroad and telegraph companies. We trust that every member of the profession, eligible, will consider himself and family most cordially invited to St. Louis at the time above mentioned. Please address Chairman of Committee of Arrangements for further information.

"Committee of Arrangements, H. Tuholske, Y. H. Bond, Frank R. Fry, R. M. King, A. H. Meisenbach, H. H. Mudd, Josephus R. Lemen, H. C. Dalton, Spencer Graves, A. H. Ohmann-Dumesnil, Robert L. Thomson."

RECENT STUDIES ON MALARIA.—In a paper read at the Medical Congress at Pavia, (*London Medical Recorder*) Prof. Marchiafava said that he found in great quantity amœboid bodies without pigment, in the blood of patients suffering from grave and continued malaria; in the typical intermittent forms he found the pigmented bodies of Laveran and Richard, the cycle of development of which has been demonstrated by Prof. Golgi. In grave remittent forms, he did not find the scission described, the prompt administration of quinine being necessary to save the patients' lives. In the comatose forms he found the cerebral capillaries invaded, and a precocious scission of the amœboid bodies within the blood-corpuscles themselves. This shows that the virus is produced continually, and not only in the spleen, but also directly in the blood. Another alteration of the red corpuscles is the following: The red corpuscles appear atrophic, in color similar to that of old gold; finally they are consumed by the white corpuscles, which also devour the plasmods. He was able to watch a white corpuscle devour one by one all the round bodies, which are formed by the scission of a free pigmented body.

## Correspondence.

### MATRICULATION EXAMINATION IN MEDICINE.

To the Editors of THE CANADIAN PRACTITIONER.

SIRS,—In the July issue you refer to me in a very kind and complimentary manner—"a very worthy and conscientious member!" As to the former, I have grave doubts about it myself; but certainly, it was from purely conscientious motives that I moved and advocated the resolution that was rejected by Medical Council at the last meeting. It is, perhaps, proper that I should give my reasons for advocating the change in the examination. It must be apparent to every medical man in the Province of Ontario that the profession is becoming fearfully filled; that the number of young men entering upon the study of medicine is greatly in excess of the wants or requirements of this young country.

Such being the case, it struck me very forcibly that possibly the great number of High Schools in the Province, and the professional tendency of the teaching therein, might have something to do with it.

But, on reflection, I believe the trouble rests with ourselves. We have, in the past, accepted as the matriculation standard in medicine the third-class non-professional teacher's certificate, as prescribed by High Schools; but at present the second-class non-professional is exacted from all persons matriculating in medicine. It is quite true that the change is an improvement on the former, and probably may, in future, be conducive to the best interests of the profession. There is no doubt in my mind that the acceptance by Medical Council of third-class teachers' certificates, as the matriculant standard in medicine, has been the means of coaxing into the profession numbers of young men who, if we had a separate and distinct curriculum, would probably never have entered the profession; would have turned their time and attention to other professions or business more congenial to their tastes.

If my view of the situation be correct, would it not be better for the Council to take sole control of examinations? Or, if not disposed to do that, we surely could formulate a curriculum of our own (equal to second or third year in arts) independent of teachers' examinations in High Schools, and on a higher and more professional basis than at present exists. The Council has the power to deal with the question, and in my humble opinion it is their duty to act promptly, and give effect to the crude views I have endeavored to point out. By doing so, they would be acting as much in the interest of the students as members of the profession. There surely could be no difficulty in procuring any number of competent men in Toronto, Kingston and London to act as examiners, and fees derived from students would be quite ample to defray the necessary expense. In advocating this change, I demur to the charge of "placing obstacles in way of students, or acting from selfish motives." I contend that the change is as much in the interest of students as members of the profession; on the contrary, I have unbounded sympathy for a young man

who evinces a taste for the profession, who spends the necessary time and large sums of money to fit himself for the duties and grave responsibilities of the noble profession he has chosen, but who, when he graduates, finds it a most difficult matter to secure a place to locate in, without encroaching upon the very circumscribed territory of a brother practitioner. Your reference to the older members of the profession being afraid of the "advent of young graduates," I accept as a joke, being of too mercenary a character to require a moment's consideration.

If disposed to retaliate, I might say you look at the question from a Medical School point of view, while I champion the cause and grievances of the profession. If this assumption were correct, our views would be irreconcilable; but being intimately acquainted with self and other gentlemen connected with the journal, I must admit that no warmer friend or more able exponent of the wants and grievances of the profession exists in Ontario; and if you have gone slightly astray on the present occasion, I am charitable enough to think that you were actuated by a desire to give the existing state of things a trial before instituting something new.

I am, yours sincerely,

JAMES HENRY.

Orangeville, July 27, 1888.

### ANTIPYRIN.

To the Editors of THE CANADIAN PRACTITIONER.

In answer to your note for information regarding antipyrin, I beg to state:—

1st. As an antipyretic, I do not like it very much. The action is of short duration and attended by a good deal of sweating and, at times, much prostration. In cases such as "cold-taking," with high temperature and dry, hot skin, a few doses do good service.

2nd. In rheumatism I have tried it in several cases, and with very doubtful results. Certainly, I like the salicylates much better.

3rd. In some cases of obscure cardiac and other visceral neuralgiæ it has sometimes yielded much relief.



4th. A builder came home very hot and put his head under the cold tap to bathe his head. He was seized with fearful pains in his head, ears and eyes. Gr. xv. every hour for four doses gave him great relief.

5th. An elderly man, while cleaning out the basement of Knox Church, got cold in his head, and had a severe attack of neuralgia of side of face and head. Six 15-grain doses gave him relief.

6th. Another patient had severe inflammation of the right eye. Cornea, iris and ciliary regions were involved. Antipyrin, gr. x., every two or three hours, gave him great comfort.

7th. Tried it in two cases of sciatica; in one it did some good, in the other none.

8th. Tried it in the severe pelvic pains of a malignant growth, but with little benefit.

9th. Used it in one case of troublesome ovarian pains. It gave some relief, but not as much as a good electric current.

Yours truly,

J. FERGUSON.

### Book Notices.

*Annual Announcement of the Halifax Medical College.* Twentieth Session, 1888-9.

*University of Toronto Medical Faculty Calendar.* Session 1888-9. Toronto: Rowsell & Hutchison.

*Report of the Year 1887.* Presented by the Board of Management of the Observatory of Yale University.

*University of Bishop's College, 18th Annual Announcement of the Faculty of Medicine.* Montreal, 1888.

*Announcement of Gross Medical College of Denver Medical Department of the Rocky Mountain University, Session 1888-9.*

*New York Post-Graduate Medical School and Hospital, Seventh Annual Announcement. No. 226 East 20th Street, New York City.*

*Sixth Annual Report of the Provincial Board of Health of Ontario, being for the year 1887.* Toronto: Printed by Warwick & Sons, 1888.

*Proceedings and Addresses at a Sanitary Convention held at Albion, Mich., Dec. 6 and 7, 1887.* State Board of Health. Lansing: 1888.

*Annual Announcement and Catalogue of the College of Physicians and Surgeons, Baltimore, Md.* Baltimore: Press of Isaac Friedenwald, 32 S. Paca Street.

*McGill University Annual Calendar, Faculty of Medicine, 56th Session, 1888-9.* Montreal: Printed for the University by the Gazette Printing Company. 1888.

*Manitoba Medical College, Winnipeg, in affiliation with the University of Manitoba.* Established 1883. Annual announcement of the Sixth Year Session, 1888-9.

*Des Progrès accomplis sur la question de La Rage et de la part qui en revient à la théorie nerveuse par Le Dr. Dulone, Paris.* G. Masson, Editeur. Libraire de l'Académie de Médecine.

*Forty-third Annual Announcement of the Medical Department of the University of Buffalo for the Session 1888-9, with Catalogue of previous session.* Buffalo: Blake, Jones & Co., Printers and Binders.

*L'Immunité par les Vaccins Chimiques—Prévention de la rage par le vaccin Tanacétique ou le Chloral.* Par le D'H. PEYRAND. Paris: G. Masson, Editeur, Librairie de l'Académie de Médecine, 120 Boulevard Saint Germain, 1888.

*Ptomaines and Leucomaines, or the Putrefactive and Physiological Alkaloids.* By VICTOR C. VAUGHN, PH.D., M.D., of the University of Michigan, and F. G. NOVY, M.S. Pages 314. Lea Bros. & Co. Philadelphia: 1888. Price, \$1.75.

*The History of Abdominal Section in Albany, with a report of seventy-five cases.* By ALBERT VANDER VEER, M.D., Professor of Surgery in the Albany Medical College. Reprint from the Transactions of the Society for 1888 and the Annals of Surgery, May, 1888.

*Some Retrospective and Prospective Thoughts on Surgery.* By DONALD MACLEAN, M.D., of Detroit. (Reprint.)

This is a thoughtful address by a surgeon

whose position and experience add weight to his opinions. It has also the advantage in these days of being written in excellent English. We commend it to our readers.

*A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment.* By ROBERT W. TAYLOR A.M., M.D., Surgeon to Charity Hospital, New York, and to the department of Venereal and Skin Diseases of the New York Hospital, late President of the American Dermatological Association. Illustrated with one hundred and ninety-two figures, many of them life size, on fifty-eight beautifully colored plates, also many large and carefully executed engravings through the text. Parts I. and II., Venereal Diseases. Philadelphia: LEA Brothers & Co., 1888; Toronto: J. E. Bryant & Co.

### Obituary.

#### DR. CHAS. ARCHIBALD.

It is a painful duty to record the death of Dr. Charles Archibald, a well-known practitioner of this city, which took place on the 12th of August. He was a man highly esteemed; not only on account of his professional ability, but also because of his kindly disposition, his urbanity of manners and gentlemanly deportment.

The cause of death was Bright's disease. He was born fifty-one years ago, at Gateside, a village in Renfrewshire, Scotland, and emigrated to Canada in 1846, settling in the County of Oxford, where he was engaged as a school teacher for a considerable period. He also taught for a length of time in the Model School in this city. He then took up the study of medicine, and registered as a member of "The College of Physicians and Surgeons" in 1871. Since that time he continued to practise till the commencement of his last illness. He leaves an only son, a lad of twelve years, to mourn his loss.

M.

We frequently hear medical men, who ought to know better, making use of the word allopathic to distinguish the regular from the homœopathic physician. There is no allopathic school and there never was, hence the word is misleading; say *regular* or *scientific*.—*Progress*.

### Personal.

Dr. Sisley, '88 is practising on Richmond St.

Dr. A. R. Harvie has removed from Edgar to Orillia.

Dr. Spilsbury, it is expected, will locate on Carlton Street.

Dr. D. A. Dobie has commenced practice on McCaul Street.

Dr. D. O. R. Jones (Trinity, '85) has returned from the Continent.

Dr. W. P. Cavan has returned from England, and will practise in Toronto.

Dr. E. J. McCardel was admitted to the M.R.S.S. on the second of August.

Dr. H. C. Scadding has returned from England, but has not yet located.

Dr. Wm. Nattress, Carlton Street, has been appointed to the staff of the City Dispensary.

Dr. W. A. Richardson has taken charge of the railway hospital of the C. P. R. at Donald, B.C.

Dr. Gilbert Gordon was admitted last July to the L.R.C.P. & S., Ed., and L.F.P. & S., Glasgow.

Dr. Goldsmith, late of Campbellford, has commenced the practice of his profession in Peterboro'.

Dr. Shannon, of McCaul Street, has decided to join his brother who is in practise at Seattle, Washington Territory.

Dr. Carl N. Jensen, of Philadelphia, is dead. He was well known to the medical profession for his preparations of pepsin.

Dr. Edmund E. King goes to Washington September 15th, to attend the annual meeting of the American Association of Genito-Urinary Surgeons.

Prof. Gerhardt, who holds the chair of internal medicine, has been elected Rector Magnus of the Berlin University. His opponent was Prof. Virchow.

Dr. George Acheson, Toronto, has been appointed examiner in Chemistry and Toxi-



cology at the Ontario College of Physicians and Surgeons, *vice*, Dr. Geo. Wright, resigned.

Dr. Milne, of Victoria, B.C., is taking a vacation, and visiting his many old friends in Ontario, who are glad to welcome him back and to hear of the prosperity in the Pacific Province.

Dr. J. F. W. Ross of this city will shortly leave for England, where he will spend six months with Mr. Lawson Tait and other renowned surgeons, after which he will proceed to the Continent to visit the leading Hospitals, and on his return to Toronto, will pay more particular attention to gynecology and abdominal surgery. He will probably be absent for one year. We trust our readers may be favored with many letters from him.

We regret to learn that Dr. Arnott, of London, will go to California early in September, and remain at least a year. It is possible he may make Los Angeles his permanent home. After he had decided to leave the Province, he tendered his resignation as Teacher of Clinical Medicine in the Medical Department of the Western University. The authorities, wisely, we think, refused to accept it, but have made arrangements to fill the position temporarily with the hope that the doctor will return in time to resume his work for the session of 1889-90. Dr. Arnott, as a physician of the highest type in all respects, and one of our best teachers, will be sadly missed, and we sincerely hope that his health and that of his family will permit his return to Canada within a reasonable time; but, in any case, we wish him and his family health and success.

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### Miscellaneous.

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THE FIRST NEPHROTOMY.—In the *Gentleman's Magazine* for August, 1773, appears the following: "Mr. Paul, a surgeon, at Stroud, in Gloucestershire lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure; it is the first of the kind ever performed in this kingdom."—*Hospital Gazette*.

There are two kinds of hospitals, those devoted to the good of the poor in the community, and those devoted to increasing the bank accounts of their owners. They correspond to the two great classes of doctors, the scientific and the trade doctors. The one labors to find out knowledge and apply it for the benefit of humanity, and the other labors to fill his pockets with dollars.—*Ex.*

A Medical Club has been established in St. Petersburg, the objects of which are purely social. Any physician in good standing is eligible to membership, the only dues being the payment of two roubles each evening of meeting. The entertainment consists of music, dancing, card-playing, and tea-drinking. It is hoped shortly to secure a club-house, and then a permanent organization will be effected.—*N. Y. Med. Record*.

A MISHAP TO AN AMATEUR DOCTOR.—The newspapers record a somewhat amusing incident that lately happened to a person who tried to bring a man out of an epileptic paroxysm by pouring cold water into his mouth and upon his neck. After a slight struggle, according to the account, the epileptic sank back apparently dead, whereupon the manipulator of the water became intensely anxious and placed his ear at the mouth of the patient, who straightway caught the ear between his teeth and proceeded to chew it until "its beauty had vanished." An arrest on a charge of mayhem followed the epileptic's return to consciousness, but a police justice discharged the prisoner, on the ground that he was not responsible for what he might have done while in a fit.—*N. Y. Med. Journal*.

HOMŒOPATHY.—Prof. Bartholow, in his address on medicine, delivered to the last meeting of the American Medical Association, pays his respects to homœopathy in the following language: "Left to its own course, homœopathy has practically died out on the continent. The success of such wretched puerilities, such inanities as the homœopathic practice consists of, does more to lower the position of the medical profession than any other cause. The false statistics published as facts, accepted as true,

and passing unchallenged, are at this moment doing an almost incredible amount of mischief." Crime is progressive. Step by step the victim is led on till conscience is seared, every moral sense is irresponsive, and the blackness of darkness possesses the soul. Homœopaths have for years practised in this country under false representations—the most successful riding all the isms and pathies that can carry them into popular favour.—*Omaha Clinic.*

"ABOUT THE SIZE OF A ———."—In a letter to the *Philadelphia Medical Times*, an English physician calls attention to the unscientific terms used by physicians when describing the size of tumors and other pathological objects. He says: "Such time-honored comparisons as a 'foetal head,' (I thought they varied a great deal) or 'a millet-seed' (I never saw a millet-seed, but I believe it to be about as big as a miliary tubercle), we cannot hope to get rid of before the millennium. But when it is a mere matter of length and breadth, could we not state the fact in inches or millimetres? I am moved to write to you by having been just now brought up by the statement that something or other was 'about the size of a dollar.' I was interested in this case up to that point, but I got lost then; the only dollar I ever saw was a tiny gold coin, about the size of a threepenny bit; I beg pardon, about fifteen millimetres in diameter. From the context, I think that the article mentioned must have been bigger than that, but I am not sure, and the statement bewilders me and destroys my interest in the case. Another time I came across the statement that a tumor was 'about the size of a dough-nut.' Now as to a dough-nut my mind is blank; is it a nut that grows on a tree—a cocoa-nut, or a walnut, or a hazel-nut? or is it the other half?—'dough' suggests it is a kind of cake—a 'bath-bun,' or a 'tea-cake,' or, perchance, a cake 'about the size of a piece of chalk?' as the witness said in the famous trial."

THE NEW YORK POST-GRADUATE SCHOOL.—During the Winter Session of 1887-88, more than 335 physicians attended the courses in this School, an increase of more than 60 per cent. over last year.

## Births, Marriages, and Deaths.

### BIRTHS.

APPELBE—At Parry Sound, on Thursday, August 2nd, 1888, the wife of Dr. J. Appelbe, of a son.

BELT—At Oshawa, on the 12th August, the wife of Dr. Reginald Belt, of a daughter.

DOOLITTLE—At 270 Queen Street East, on the 13th August, the wife of Dr. P. E. Doolittle, of a daughter.

GALLAGHER—On August 9th, at 37 Amelia Street, the wife of Dr. W. E. Gallagher, of a son.

WISHART—On August 22nd, at 30 Carlton Street, Toronto, the wife of Dr. D. J. Gibb Wishart, of a son.

### MARRIAGES.

HAMILTON—WALLS—In Toronto, on Wednesday, August 1st, at the residence of the bride's father, by the Rev. George Abbs, assisted by the Rev. James Liddy, Dr. C. H. Hamilton, of Parry Sound, to Miss Ada, eldest daughter of Robert Walls, Esq., Toronto.

TINLING—RYALL—On the 8th August, in the church of St. Thomas, Hamilton, by Rev. Canon Curran, Charles Widdrington, eldest son of the late Charles Tinling, Postmaster-General of Barbadoes, W. I., to Louisa Brett Georgina, youngest daughter of Dr. Ryall.

### DEATHS.

TURNER—At Millbrook, Ont., on Tuesday, 14th August, 1888, Charlotte, beloved wife of Henry Turner, M.D., M.C.P.S.I.

WELTON—On Friday, August 10th, at Brooklyn, New York, Horatio H. Welton, M.D., eldest son of Professor D. M. Welton, of McMaster Hall, Toronto, aged 30 years.

WISHART—At 30 Carlton street, on the morning of August 24th, Sarah Staunton, beloved wife of Dr. D. J. Gibb Wishart, in the 25th year of her age.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Business Management, J. E. BRYANT & Co., 64 Bay Street.

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TORONTO, OCTOBER, 1888.

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### Original Communications.

#### PRESIDENTIAL ADDRESS.

Delivered at the Annual Meeting of the Canadian Medical Association, at Ottawa, on the 12th September, 1888.

BY GEORGE ROSS, A.M., M.D.,

Professor of Clinical Medicine, McGill University, Montreal.

GENTLEMEN,—My first duty is to thank the members of the Canadian Medical Association for the great, and I may add, entirely unsought, honor of being called upon to serve as its President. Having been absent from last year's meeting, my election to this important position at that time was still more a source of surprise, but nevertheless of much gratification. If a simple loyalty to this Association, as one of the rank and file, and humble efforts to sustain it by regular attendance and an occasional contribution, entitle me to any recognition, I may fairly claim that much. To more than that I lay no claim, and I know it is only the indulgent good-will of my friends and fellow-members which has procured for me this great honor—one which I can assure them I duly appreciate, and I shall always endeavor to give them no reason to consider their kind confidence misplaced.

He whose duty it is to address officially an important meeting of this kind may well claim to be overwhelmed by an *embarrass de richesses*. No restriction is placed upon his choice of a subject, and the field is practically limitless. To

select is indeed difficult, and even when that difficulty has been overcome, there remains the still greater one of so presenting it as to be deserving of your attention. Following after so many eminent predecessors, it is, I can assure you, no false modesty, but a sense of genuine incapacity for the task which has been constantly present with me.

It may not be amiss, on an occasion like the present, to take a hasty survey of the general standing and prospects of the profession in the Dominion, and to consider whether it be progressing as it should. In a young country like this, progress is exceedingly rapid in almost every department of life—in trade and commerce and agriculture; in the building of cities and the opening of great lines of railway, extensive systems of telegraphy, and other public works on a commensurate scale; in the establishment of public schools and the foundation of universities; in the consolidation of the professions, and giving them their proper status; and a comparatively few years work changes which are rapid indeed in comparison with the more steady ways of older and more settled parts of the world. When we think that the Confederation, just like this Association of ours, is only even now of age—that up to that time we were but a few weak provinces, with diverse interests, and without any common bond—and that to-day, only twenty-one years later, we are a vigorous and lusty young nation, with territories extending across a whole continent, and touching on either side the two great oceans of

the world : territories with a climate of the most varied and salubrious character, containing vast riches and unbounded possibilities for the present and for future generations ; territories which are rapidly increasing in population by natural increment and by the yearly addition of many thousands of settlers from other lands—when we consider all this, it well concerns us to ask, “What has been the record of the medical profession during this time?” It has been a time of wonderful activity in all the centres of learning ; a time during which an almost entire revolution has been wrought in the science of medicine, and in the methods adopted for the teaching of the same ; a time during which the keenest minds have been directed to the elucidation of innumerable problems in those sciences which form the basis of medical doctrine and practice—anatomy, physiology, biology and chemistry ; a time in which the whole practice of surgery has been changed, been based upon principles entirely new, but proved by the severest tests of experience to be founded upon unalterable laws—changes so great that the accomplished student of twenty years ago would find himself to-day committing the most egregious enormities and sinning perpetually against the first elements as now understood ; a time in which a generous rivalry has been kept up between the two great departments of medicine and surgery, and, great and startling as has been the progress in the latter, it is doubtful if the advances in the former have not been fully equal, or even greater. For, whilst Lister and his followers have abundantly proved to the world the enormous importance of what we now call “surgical cleanliness” (a truth till now never properly appreciated), Pasteur, Koch, and others, have been searching for the true cause and prevention of cholera, hydrophobia, and the other great scourges of mankind. Animalculæ life, and its bearing upon the diseases of man and animals, has assumed an importance heretofore undreamt of ; and the science of bacteriology has sprung at once into the forefront as an absorbing pursuit, already fruitful of wonderful results, and opening up a field for investigation of boundless extent, and affording endless scope for observation, thought and research !

A time in which preventive medicine has

begun to occupy the place to which its importance justly entitles it. Before this period, sanitary science was but in its infancy, sanitary laws were but little understood, and sanitary regulations seldom enforced. Now the questions of sanitary legislation attract the attention and occupy the minds of the highest statesmanship. The more civilized the country, the more widely is knowledge of public health matters disseminated, the more carefully are statistics collected, the greater the skill and talent enlisted to cope with the difficulties surrounding the sanitary legislator. In fact, there is now no better test of the intelligence and real civilization of a community than an estimation of the attention given to the enforcement of sanitary laws, and the degree of diffusion of sound sanitary knowledge.

A time in which the public have begun to appreciate the importance to themselves of having a constant supply of thoroughly educated young medical men—men learned in all the learning of the day—who, scattered throughout the land, may be ready to apply to them in their need all the resources of modern medicine. Wealthy laymen, acting upon this belief, have endowed hospitals and schools of medicine with funds sufficient to enable them to teach medicine as medicine should be taught. Bright examples of this are found in the great gifts to the Johns-Hopkins Hospital and University in Baltimore, and the munificent donations to the College of Physicians of New York. The same sentiment, doubtless, animated the generous donors of the endowment fund to McGill University, and the gentleman who has so much enhanced the teaching capability of the University of Toronto. Let us hope that these instances of far-seeing, public-spirited and open-hearted men, giving of their abundance for an object designed to be of service to the whole country, will not fail to direct many others to one way of doing much good in their generation.

It has been a time when the system of medical education has been undergoing a gradual change. The period opens with the old-fashioned medical school—a few professors, a large number of didactic lectures upon a few subjects—practical anatomy being the only branch taught in a truly demonstrative manner ; walking the hospitals beginning to be supplanted by some



clinical teaching. The transition stage is now --the professors are numerous, the didactic lectures are fewer, the subjects taught have multiplied many times, practical anatomy is thoroughly worked up, and the student is obliged to pass through several other laboratories and acquire a practical and personal acquaintance with the other branches of the curriculum. Old-fashioned walking the hospitals is a thing of the past, and instead, the greatest attention is paid to organizing systematic attendance upon the wards, systematic case-taking and systematic lecturing upon the cases by a special staff.

A time during which we have witnessed the development within the profession of a number of specialties. Specialism is an accomplished fact, and, on the whole, the profession has been the gainer by its establishment. The advantages of division of work, and devotion to one branch of practice, are great and obvious, and I believe counterbalance to a great extent the objections that are urged against specialism. Like many other systems, good in themselves, it is open to abuse, may readily be overdone, or may be cultivated by unworthy members.

Such are a few of the more striking changes which have been accomplished during the time that this Association has been slowly coming of age. At the time of its inauguration there was much enthusiasm, and all minds were full of the great possibilities for the future from the confederation of all the provinces. No narrow or provincial ideas were to be entertained, and all regulations concerning medical education and the practice of medicine, it was expected, would be assimilated for the whole Dominion. This Association started bravely forward on this basis, imbued with the idea that it had a great mission to fulfil. Committees were appointed, and elaborate reports prepared upon "The Best Means for General Education," upon "A Uniform System of Licenses," upon "Registration and Vital Statistics for the entire Dominion," and upon "A Code of Ethics for the whole Profession." During several years much labor was bestowed upon these subjects, and the greater share of time at the meetings was given to their discussion. It then, however, became apparent to the members that, in devoting their energies to working out schemes for medical

legislation, much valuable time was being absorbed, and the results produced were by no means commensurate therewith. The Act of Confederation, by taking away from the Federal authorities the governance of educational matters, left each province free to look after these in its own way. Thus, at the present time, we find a curious complexity of medical legislation in Canada, there being a great lack of uniformity amongst the provinces, in regard to matriculation, to curriculum, or to qualification for practice.

It is to be hoped that, before long, some arrangement may be come to by which, at least, a Dominion Medical Register may be established at Ottawa, so that, on entry therein, it will be possible to practise medicine throughout the Dominion. It is, perhaps, possible that this can be effected without prejudice to the functions of the separate official bodies which now govern the medical affairs of the different provinces. In some such way alone can the existing anomalies be remedied, and the present undesirable confusion be removed.

Compare the general condition of the medical profession in Canada with that prior to the time we are speaking of, and, in so doing, look first for a moment at the condition, then and now, of the leading medical schools of this country. The number of students in attendance was often sufficiently large, perhaps nearly as large as even in some recent years. The curriculum was by no means short, for it covered four full years, but it was composed almost entirely of didactic lectures and some clinics upon general medicine and surgery. The course was not distinctly graded, but divided only into a primary and a final department. Now the staff of teachers presents a long array; the subjects are divided up so as to allow each one to devote his attention exclusively to a particular department. Many special departments have been added, and skilled teachers placed in charge. Above all, the importance of laboratory work is fully recognized, and in every year a full share of time and attention is exacted for practical work on the part of every student. Hospitals have been enlarged and extended, and the work divided and specialized. Carefully conducted clinics are the order of the day, and the ma-

terial, both internal and external, is fully utilized for teaching purposes. Summer sessions, some voluntary, some compulsory, have been established at nearly all the schools, and several months of the best kind of teaching is thus placed at the disposal of the student of to-day. The standard of examinations is high, as shown by the percentage of rejections, and by the excellent standing so generally attained by Canadian students both at the examinations of our local provincial boards and also abroad. Is it not certain that, with such marked advance in the facilities for sound medical education, the graduates of recent years must be correspondingly more competent and more thoroughly fitted for their important duties than those who preceded them?

In the general profession there have been many evidences of a better condition of things than formerly prevailed—of a greater interest in the scientific side of medicine, and a desire not to practise our art from a purely perfunctory or purely financial point of view. The best evidence of this is the formation of medical societies. These have sprung up on every side—provincial, county and local societies, and it is most encouraging to observe how actively and energetically many of these are maintained—good papers read, good discussions held, and a spirit of emulation evinced in correct observations, the thoughtful care of cases, and their systematic and accurate recording. The difficulties encountered in keeping up such societies are often great. Our population is still a mostly scattered one, and members have often to go long distances and sacrifice much time in order to attend; but the gain is worth it all. The best men of every town, and every country side, will always be found the keenest supporters of their own medical society. Our Canadian physicians, too, are beginning to write more than formerly—not, perhaps, even yet as much or as often as they should—but they maintain medical journals which are alive and active, and are a credit to their country and to their contributors. There are now in Canada no less than four English and two French monthly journals, all apparently prosperous. Nor are the contributions of Canadian writers confined to this country. Many of our prominent men

are frequent and valued contributors to, and correspondents of the best of, the American journals.

It may be said that, in drawing this comparison between the condition of the profession now and that when this Association began, I have presented an optimistic view, and one not altogether warranted by the facts, but I think not so. I believe that great as has been the progress of science in these years, great as has been the progress of the country in material prosperity, the medical profession may fairly claim that it has not lagged behind: that it has always had such leaders to frame its policy, and such earnest and devoted and able men in its schools as have kept it fully abreast of the busy and stirring times in which we live. Has this Association done its share in securing such a state of things? The programme it laid out for itself at the outset, as I have already shown, was very extensive: it was too extensive for any society to carry out. This was soon perceived; and from the time that the Association got away from the business of framing Bills which were never to be enacted, and discussing schemes which came to naught, and settled down to its legitimate work of fostering a scientific spirit in its members, encouraging them to produce good literary works, urging them to original observations, helping them to good understanding amongst themselves, assisting in the maintenance of a high standard of ethics, promoting sociability and good fellowship, then it succeeded; its meetings were instructive, useful in many ways, and thoroughly enjoyable. It has no feeling of rivalry toward any other society, and, I trust, none is felt by them toward it. Each has its own sphere of usefulness, and can accomplish its own good ends without detracting in any way from the necessity for a general reunion of this kind. This Province of Ontario has successfully organized an active and thoroughly admirable society, other of the Provinces have done the same; and it is only a source of regret to many of us from the old Province of Quebec that circumstances have not favored our following their excellent example.

This Association, I am convinced, has done much good, and will, I hope, continue to do much more in the years to come. For instance,



though failing to carry through such comprehensive measures as were at first contemplated, both in educational matters and in matters of state medicine, yet this Association has been again and again occupied in considering the important subject of general hygiene; and, at many of its meetings, the discussions which have taken place and the resolutions passed have aided very materially in promoting such legislation as has been secured bearing upon the public health. Indeed, it must needs be that expressions of opinion from this general meeting of the profession, representing all sections of the country, command the attention of those who control these matters. The need still existing for further exertions in this direction is emphasized by the lamentable apathy of the public in so many cases where the public health is in question. The etiology of typhoid fever may be said to be pretty thoroughly understood: but, even in the face of violent outbursts of that disease in some of our Canadian cities, what want of intelligence, and what unwillingness to be governed by competent medical opinion! What incapacity to realize the extent of injury done to the community, the cruel, unnecessary loss of life, with all the suffering attendant thereon.

A town near Montreal was recently thus affected to a most alarming extent, diarrhoea was almost universal, typhoid fever was very prevalent, and deaths were numerous. Many instances of both came to my personal knowledge. The visitation became notorious, and was much commented upon in the press. The facts were amply sufficient to show two things: 1st. That the water-supply was contaminated with sewage; 2nd. How the contamination was effected. Local health board there was none, and the disease for months continued its ravages to such an extent that the locality was shunned by every intelligent traveller, while the poor inhabitants suffered and died. It is a reflection upon the intelligence of the age that such a thing could be, and it is a reflection upon some of our sanitary organizations that no sufficient pressure was exerted to remedy the evil as soon as its causes was fairly determined. It is the duty of every member of this noble profession to render every assistance in his power towards the fur-

therance of all good and effective legislation bearing upon local and general sanitation, and to aid in the dissemination of sound literature upon hygienic subjects. Too many examples similar to the above might be quoted to show that we are yet very far from the position in which we should be in accordance with the advanced teachings of the present day.

One subject which, it will be observed, from the very foundation of the Association, commanded its attention and upon which much time and labor has been bestowed by individual members at different times, is that of a Dominion Registration Act. It would be futile, at the present day, to offer arguments to show the importance of accurate and reliable vital statistics. A good deal has been accomplished in this direction, here and there, by local efforts, and in some instances by provincial action, but we are very far indeed from the attainment of that comprehensive system which this Association decided at its early meetings to endeavor earnestly to obtain. It is, indeed, active members of this Association who have been largely instrumental in educating public opinion on the subject, and in pushing forward such measures of reform as have been reached, and it is to be hoped that the same members, with many others to assist them, will continue their laudable efforts until much better results are obtained.

The Association adopted a code of ethics, and a very good code it is. There is only one point to which I would allude in connection with the attitude of medical men towards each other, and that is with reference to cases of alleged malpractice. Nothing is more injurious to the best interests of the profession than the wretched lawsuits of this kind which are so lamentably common in certain sections of this country—only in certain sections, for, I am happy to say, that elsewhere they are of very rare occurrence, and in some favored localities are practically unknown. There can be only one explanation of this striking difference, viz., that such contentions are originated and fomented by unknown physicians, who adopt this means of harrassing and injuring a neighboring competitor. Every one knows that if medical men were true to each other, these unhappy disputes would hardly ever be begun. That if

rancor and ill-feeling were jealously guarded against, and only fair and reasonable opinions expressed, we should not be called upon to witness those painful exhibitions of a house divided against itself. This is a sore blot upon the boasted claims of the medical profession to engender feelings of mutual charity and goodwill. The main remedy for this consists in the cultivation of the true scientific spirit, in keeping up connection, with our medical society, in indulging our natural social tendencies, and preserving that natural pride which would cause us to desire to stand well with our fellows, especially those whose good opinion is worth having. I am sure it is the earnest wish of every member here present that the scandal of these malpractice suits may yearly become fewer in this Canada of ours, to the great advantage of the whole profession.

Again, Has this Association advanced in numbers and in influence as it should during the course of these years? As regards the first of these questions, it is not possible to give an answer in figures, for the reason that the method of recording our membership has been very loose: but, on looking at the minutes of the early meetings, it is seen that the attendance was large, and that the distant provinces were extremely well represented. As much cannot be said for the later meetings at which, though the actual number present has been good, yet the attendance from the maritime provinces is noticed as having greatly fallen off. It is also matter for regret that our French-Canadian *confrères*, many of whom were among the founders, and who came in large numbers to the early gatherings, have gradually ceased attending, till now, a very few only of the more literary-minded and enthusiastic of them unite with us in keeping up our National Association. It may be that the difficulty of using two languages has had something to do with this. I should like to see this difficulty overcome, and the Association strengthened by the hearty support of our brethren from the old Province of Quebec. It should be remembered that, at the International Congresses, three languages, French, German and English, were recognized, and a speaker could address the meeting in any of these.

A suggestion made in the Presidential address of last year deserves, I think, to be repeated, as no action was taken upon it, and it seems feasible and promises to be useful. It was proposed that a committee might be named to take into consideration a scheme arranging for a closer connection of some kind being brought about between this Association and the various provincial and local societies already in existence. Any suggestion which will add to our membership and increase the interest taken in our work is worthy of being carefully considered. Without having looked into the question, I am not prepared to say just how this can be accomplished: but, if the meeting think with me in the matter, it will be competent for it to take action in that direction.

Another task which it has been thought suitable for this Association to undertake, and which was fully laid before the meeting last held in this city, was to bring before the proper authorities the question of medical experts at coroners' inquests. I am not aware that anything was done, though the importance of it was strongly dwelt upon by the reader of the address. The value of such expert evidence would probably be admitted by any educated layman: but we medical men appreciate much more fully the difference between the opinion of the average practitioner and that of a thorough pathologist who is constantly making autopsies and conducting pathological investigations of various kinds: and when we think of the enormous interests so often hanging upon such opinions, we might well consider it a duty to seek some means for skilled evidence being furnished, when the object is to determine the cause of death in a doubtful case.

My predecessor in this chair offered, in his address, some timely advice to his *confrères* upon the necessity for allowing ourselves a due amount of recreation at reasonable intervals: and he drew a disheartening, but perfectly true, picture of the results of neglecting this important matter. In accordance with such sound doctrine, I last month rested from my labors and spent twenty days in our great North-West. There is something particularly attractive to the eastern city man in seeing something of the open and free life of our great plains,



ranches, mountains, and western coast. Having myself derived much pleasure, profit and renewed health from this short tour in the Western Provinces, I would say to any of my medical friends who feel jaded or overworked, try the tonic effect of a combination of fresh lake breezes, balmy prairie winds, keen mountain air, and soft ozone draughts from the Pacific Ocean. The variety is charming, and whilst the body is being refreshed and renovated, the mind is being delighted with some of the finest scenery in the world. Upon the route, one spot in particular engages the attention and excites the interest of all medical visitors. I refer to the hot Sulphur Springs at Banff, which are only now becoming known, and are not nearly as well known as their merits entitle them to be. The springs, as every one is aware, are situated in the heart of the Rocky Mountains, and in one of the most picturesque parts of that wonderful region. The steaming water, clear as crystal, bursts forth in unlimited quantities high up on a grand mountain side, some 4,000 feet above the sea-level. It is highly sulphurous and its medicinal properties are of a high grade. Such springs are sufficiently rare, there being but two or three of any note even in the whole of the United States: and, most assuredly, none of these possess the additional attractions of this choice locality. Exquisite lofty mountains, affording a surrounding panorama of truly Alpine character, and a lovely valley containing a broad blue river, which has well been compared to the great Rhone of European fame. The natural attractions of Banff would alone suffice to draw multitudes of pleasure-seekers there, and, as the value of these natural waters becomes more appreciated, it is certain that more and more of our patients will be sent there every year. Apart even from those who would go to drink the waters, there is another class of invalids that I believe could be sent to this high region with the happiest results. The Davos-Platz in Switzerland has been gaining greatly in favor in England and elsewhere as a winter resort for cases of phthisis in an early stage, and for those who may be looked upon as disposed to tubercular disease on account of family tendencies or defective physique. This resort is high in the Alps and the winter is rather

severe with an abundance of snow, but there is plenty of sunlight. Necessarily, our information concerning the meteorology of Banff is yet extremely deficient, but, from all I could learn, the conditions are very similar to those which have been formed to operate so beneficially in the case of Davos-Platz and such like Alpine Sanatoria. As there is now an excellent hotel, with every comfort, there is no difficulty as regards accommodation. A proposition has actually been made by some members of this Association that our meeting next year should take place at the Banff Springs, an idea which has much to commend it, but will need to be carefully considered. The Nominating Committee will, as usual, take this matter up, and report upon it to the general meeting.

It is often asked, "What becomes of all the medical graduates?" Let any of you pass through that enormous extent of fertile country traversed by our trans-continental railroad, and observe the villages and towns springing up like magic from one end of it to the other, let him take note of the solid settlement of large acres, even away from the beaten track of the railway. Let him step off at any station and, more likely than not, he will meet some young *confrère* who is quietly located there, and is growing up with the healthy growth of the town or the country district. The important mines in various parts, the advancing railways, the great ranching posts, require the services of still more medical men: and, in connection with some of these are to be found positions of trust and value unsurpassed in the Dominion. In this way can be accounted for a large number of the graduates from the Eastern schools, and it is pleasant to find good opportunities thus opening out for Canadian doctors in their own country.

It is my melancholy duty to have to refer to the distinguished members of our Association who have been called away from amongst us during the past year. Of these, two from the roll of our former Presidents, viz., Dr. Marsden, of Quebec, and Dr. Botsford, of St. John, N.B., both original founders, regular attendants, and well worthy of high honor bestowed upon them. Dr. Marsden was a man of strong individuality and remarkable tenacity of purpose. Taking a lively interest in the affairs of this Association,

his opinion and assistance were much valued on account of his long experience and intimate acquaintance with all matters pertaining to the medical profession. His outspoken expressions and his example of unswerving loyalty to the best interests of the profession, made him a prominent figure at many meetings. An old man of keen intellect, and without garrulity, full of anecdotes concerning a now fast-fading generation, Dr. Marsden will long be missed by those who had the good fortune to be intimate with him. Every one will remember the massive form and fine head of our late friend, Dr. Le Baron Botsford. One of our founders, and imbued with a lively faith in the possibilities for good of this Association, he was always one of the genuine workers, and was eager to assist in all good works. His greatest delight was to participate in discussions destined to promote correct views about, and legislation upon, Public Health and State Medicine. A very noble, whole-souled gentleman, whose best thoughts and much of whose time were devoted to the good of his fellow-man. Dr. Henry Howard, that kindly and gentle physician, retiring, thoughtful, and given to abstruse metaphysical inquiries, the best years of whose life were given to the study of mental disease and to the care of the mentally afflicted. He it was who had the manliness to condemn the flagrant abuses in some of our public institutions, and, at the risk of his official position, to call upon a timid government to correct them. For this alone, if for nothing else, his country owes his memory a debt of gratitude. Amongst others, I may mention Dr. Richard Zimmerman, for some time an official of the Association, and one of its warmest friends. Dr. John H. McCollum, Dr. W. N. Woodill, and Dr. Brouse, worthy gentlemen all, who worthily served their generation, each in his separate sphere, and reflected credit upon the high calling of the physician.

You have, gentlemen, many and important subjects to engage your attention. I trust that this Ottawa meeting, this coming-of-age meeting, may long be remembered as one at which some good scientific work was done, and something accomplished towards forwarding the general interests of the profession, promoting its dignity,

and elevating it in the estimation of the public.

In closing, I should like to say that it is always a great pleasure at these meetings to receive some of our *confrères* from across the line. As members of a sister Association, we give them a hearty welcome, and are glad to have them participate in all our proceedings. Without prejudice to the political leanings of any one, I am sure I express the views of all, when I say that in international visiting and in scientific discussion, all we desire is the most absolute "unrestricted reciprocity," and I am equally certain, from what I know of the hospitable character that our American cousins are correspondingly pleased when we "retaliate" by joining the meetings of the American Medical Association.

#### LAPAROTOMY FOR THE RELIEF OF ACUTE INTESTINAL OBSTRUCTION.

BY L. MCFARLANE, M.D.,

Professor of Clinical Surgery, Toronto University;  
Surgeon Toronto General Hospital.

(Read at Meeting of Ontario Medical Association, Toronto,  
June, 1888).

At the suggestion of our esteemed President, I bring before you to-day the histories of three cases of acute intestinal obstruction, with some remarks on the treatment. The treatment of acute bowel obstruction, as practised up till a very recent date, has been very unsatisfactory as well as unscientific. This I cannot better illustrate than by giving a history of the treatment adopted in two cases, one of which was related to me by the medical gentleman in charge, and the other given by Frank W. Rockwell, M.D., in a recent number of the *Annals of Surgery*.

The case related to me was as follows: I was called to see Mr. M., and found him suffering from an oblique inguinal hernia, which I tried to reduce by taxis, and succeeded in returning a portion of the mass, but was unable to get it all back. Two other medical men were called in consultation, and after repeated trials by taxis and large enemata of water, as



well as inversion of the patient, we failed to reduce the hernia. An operation was then proposed, but the friends would not consent till the opinion of a fourth medical man, "who had quite a reputation in the neighborhood," was obtained. On his arrival another attempt by taxis was made, which, again failing, he suggested insufflation, as the patient was too weak for a surgical operation. This was also attended with a like unsatisfactory result. It was now proposed that a jar, exhausted of air, should be used over the abdomen; and, after repeated trials, the bowel slipped back. But on examining the patient he was found pulseless, and, to all appearance, dead. However, after a time he rallied. It now became a problem how to get the bowels moved, and after repeated doses of purgative medicine and enemata of water had failed, electricity was applied, by passing an iron bolt up the rectum, and placing one pole of the battery against it, and the other over the abdomen. The result of this was that the bowels moved, and in the motion was found several inches of gangrenous gut. In spite of all this, the patient lived, and, as far as I know, is still alive.

The other example of the treatment adopted in such cases is that given by Frank W. Rockwell, M.D., in the *Annals of Surgery*. It is the report of a case presented to the London Clinical Society in 1879. Here the essentials of treatment consisted of daily enemata, hot fomentations, turpentine, croton and castor oil, the passage of rectal tubes, inversion of the patient, and shaking her while in this position, kneading and manipulating the abdomen, galvanism, puncture of the bowels with a trocar, the internal use of extract of aloes, and a combination of enemata and kneading; and when the patient, with a meekness and endurance characteristic of her sex, obligingly lingered along until the fifty-ninth day, it is calmly announced that her death was sudden and unexpected. He further says, that in the discussion which ensued no marked protest was made against the mode of treatment. It is almost incredible that only nine years ago, in the great centre of surgical science, that such a paper could be read without any marked protest being offered against it.

However, when we consider that the same

line of treatment is still adopted and recommended by some surgeons, we can no longer be surprised that no marked protest was offered in this case. I do not intend to occupy your time in discussing the various means practised for the relief of acute intestinal obstruction, such as metallic mercury, electricity, massage, enemata, insufflation, puncture, etc. The difficulty in locating the obstruction and arriving at a clear diagnosis of its cause, will make the thoughtful surgeon hesitate before adopting any of the means above mentioned, with the obscure light he has of its pathology.

It appears to me that the only rational and scientific mode of relieving acute bowel obstruction is by operation. In this age of antiseptic surgery, when the abdominal cavity is opened for exploratory purposes, as well as for the removal of the uterus and its appendages, the kidney, etc., with very satisfactory results, and without the fear and dread of peritonitis, septicæmia and pyæmia, which we formerly had, I am convinced that in laparotomy we have a safer and more certain method of relieving the obstruction than any before recommended or practised, if the operation is performed with strict antiseptic precautions, and the obstruction not allowed to remain too long before an attempt is made to relieve it.

A brief description of the steps of the operation, and some of the difficulties to be met with, may not be out of place in this connection. The room should be rendered as aseptic as possible. If in the hospital, the walls, floors and ceilings should be washed with a sublimate solution. The sponges and instruments should be carefully prepared, and the hands of the surgeon, as well as his assistants, thoroughly washed in an antiseptic solution. The surgeon should see that he has all the instruments at his command, for any emergency that may arise. The room should be kept at a temperature of at least 80° Far. The patient's heart, lungs and kidneys should be carefully examined, in order to determine the anæsthetic to be given. It is not sufficient to examine the urine chemically, but microscopically, as I will be able to show by one of my cases. The patient is next placed on the operating table, and the abdomen well washed with soap and water, and then sponged over with

spirits of turpentine, and finally with a sublimate solution of one in a thousand. Several towels should be wrung out of the latter solution and spread over the patient, so that any of the instruments laid down may be on an aseptic surface. The median incision, for various reasons, is the best, and should be several inches in length, in order to give the operator every facility for finding the seat of the obstruction. In making the incision, the same care should be taken to arrest all hemorrhage before opening the peritoneal cavity as is taken in ovariectomy. In opening the peritoneal cavity the surgeon should carefully guard against wounding the distended bowel which presses forward against the abdominal wall. When the opening is made, the difficulties of the operation commence. I will mention three: First, retaining the distended bowels within the cavity; second, finding the seat of obstruction; and, third, the best method of dealing with it in certain cases when found.

If possible, the bowels should be kept within the cavity by means of broad sponges, wrung out of a warm antiseptic solution, or flannel dealt with in a like manner. It is recommended by some surgeons to puncture the distended bowels with capillary needles, or a small trocar, before the cavity is opened. I must confess that I do not look upon any system of puncture with favor, and would prefer allowing the bowels to escape, and protect them with warm aseptic sponges or flannel. No doubt the length of time the bowels remain outside the body adds very much to the gravity of the operation, but not more so, I believe, than any system of puncture will do. The second difficulty is to find the seat of obstruction. The operator should first pass his hand into the cavity and examine all the hernial openings, to satisfy himself that they are free. Having done this, I know of no better means of locating the obstruction than that recommended by Mr. Treaves, viz., to pass the hand to the right iliac region, and find and examine the cæcum. If found undistended, it is pretty sure proof that the obstruction is not in the line of the colon, but in some part of the small intestines. You then follow the undistended small intestine from the cæcum till you arrive at the obstruction.

As Mr. Treaves says, it is not always certain

that you will find the cæcum in the region indicated, as it may, from congenital causes, inflammatory adhesions, or involvement in the obstruction, be so misplaced as to obscure the search. However, as a rule, the lines laid down are the best to follow.

The third difficulty, viz., how to deal with the bowel when found gangrenous. It now becomes a question between the formation of an artificial anus and enterectomy or colectomy. In certain cases, where the obstruction is high up in the small intestine, there is no other alternative but enterectomy, as enterotomy would necessarily be followed by marasmus and death. However, each case must be dealt with on its own merits.

#### REPORT OF CASES.

CASE I. S. V. P.; aged, 57; occupation, carpenter; admitted to hospital on the 21st of December: family history good.

*Previous history.*—Had inflammation of the bowels when a boy; has been feeling unwell all the previous summer. Nothing more definite could be elicited.

*History of present attack.*—Last Friday, Dec. 16th, after eating an unusually hearty meal, went to work, and in about a couple of hours was taken with severe pain in the abdomen and vomiting. The pain appeared to be general over the abdomen. He went to bed and suffered in this way, more or less, till Sunday, 18th, when a medical man was called, who administered morphia to control the pain, and ordered an enema, which was not given until Tuesday, owing to the fact that the patient had no one to wait upon him. It did not succeed in bringing anything away. He was brought to the hospital on Wednesday morning.

*Condition on admission.*—Anxious expression of countenance; abdomen distended with flatus; pulse very frequent and feeble; temperature sub-normal, 96°; extremities cold; persistent vomiting of stercoraceous matter; urine examined chemically by Drs. A. B. McCallum and Acheson, results negative—no microscopic examination made.

*Treatment.*—He was placed under Dr. Graham, the medical man of the week, who ordered large enemata to be given and subcutaneous injection of ether and brandy.



The following morning a consultation of the staff was called, when it was decided to operate. The abdomen, on examination, showed the presence of a tumor in the right inguinal region, about the size of a small almond—other portions of the abdomen free from any localized hardness. The operation was performed by Dr. McFarlane. An incision was made in the median line, about four inches in length. The hand introduced into the cavity and a search made for the seat of obstruction, which was found at the point indicated by the small tumor, viz., internal abdominal ring. On making an examination of the intestine, a portion about eight inches in length above the ileo-cæcal valve was contracted and the walls thickened.

The peritoneum was deprived of its smooth, glistening appearance, and its surface showed slight oozing of blood, evidently the result of localized inflammation due to the obstruction. The abdominal wound was closed by six silk sutures. The temperature of the patient after operation, 96°; extremities, cold; pulse, 130. He was placed in bed and hot rubber bags applied to the extremities and body, and subcutaneous injection of ether and brandy given. He soon rallied, his temperature gradually went up to normal, and he had several motions from the bowels during the afternoon and night. No further vomiting took place.

Friday morning, 10 a.m.—Temperature, 98°; pulse, 100, frequent and small; urine very scanty. The assistant introduced the catheter and drew off half an ounce. 4 p.m.—Patient delirious, complete suppression of urine. The delirium increased, and death took place rather suddenly on Saturday morning.

*Autopsy*, December 24th, by Dr. W. H. B. Aikins.—General appearance: apparent age 50; body somewhat emaciated, rigor mortis absent. Recent linear incision four inches long in the line of the linea-alba, below umbilicus, closed with six silk sutures. Chest: lungs normal, heart large, fatty, right side dilated, slight hypertrophy of left ventricle—contained fluid blood. Abdomen: Lips of abdominal wound somewhat infiltrated, peritoneal surfaces united by primary intention. Small intestines all more or less congested, especially the ileum, which was contracted at a point about seven or eight

inches above the ileo-cæcal valve. Right internal abdominal ring was patent, and contained a small portion of the great omentum which had contracted recent adhesions. This point was evidently the seat of the obstruction. Kidneys: the capsules adherent, the right kidney showed old cicatricial contraction on the surface, while both were small, the typical contracted granular form of Bright. There was no evidence to show that the operation *per se* had been the cause of death, which was due to chronic Bright's disease, associated with a dilated right heart, and probably hastened by the ether administered during the operation.

CASE II. W. H., aged 27; occupation, dry goods clerk; family history good.

*History of present attack*.—January 17th, went to business in his usual good health and attended to customers till twelve noon, when he left for luncheon and returned about one p.m., when he felt a desire to go to the closet, and while there was seized with violent pains in the bowels and, as he expressed it, a deathly feeling of sickness and *nausea*. He went into a drug store adjoining his place of business, and got three or four pellets of  $\frac{1}{4}$  grain of morphine each, two of which he took at the time, and a third in about an hour after. The medicine relieved the pain for about two hours, when it again began to return. He arrived at my office at 4 o'clock, and on examination of the abdomen I found it very much distended with flatus, but could not distinguish any localized hardness or tumor. Believing it to be colic, I administered  $\frac{1}{4}$  grain of morphine subcutaneously and sent him home, telling him to take a large enema of water with oil and turpentine, and to report to me if he was not relieved.

I heard nothing from him till 3 o'clock the following morning, when I was sent for, and found him suffering intense pain, and vomiting freely, not even a teaspoonful of water would remain on the stomach. The vomit was *stercoraceous*. I then expressed to him my fears that he was suffering from obstruction of the bowels, and advised an operation as early as possible. He readily consented, saying that death itself was preferable to the state of misery in which he was. I arranged for the operation at 10

o'clock. He was put under chloroform at 10.30. An incision was made in the median line of the abdomen below the umbilicus, about four inches in length. The hand was introduced into the cavity and a search made for the *caecum*, which was readily found and was undistended. The hand was then carried along the undistended ileum for about twelve inches, when it met with a distended portion, and just below the distention could be felt a firm twist in the gut, this was drawn forward to the abdominal opening and relieved, and immediately after flatus could be felt passing down through it. The abdominal wound was then closed by deep and superficial sutures and dressed antiseptically. The bowels moved twice during the following night. The subsequent history was most favorable, the temperature never rising above 99°. The stitches were removed on the eighth day after operation.

CASE III. For the notes of this case I am indebted to my friend Dr. Jehu Ogden. Was called to see Miss M. on the morning of the 16th June; found her suffering from some pain arising from a small tumor on the front and inner side of the thigh, just below poupart's ligament. Pain was not severe. On inquiry found patient had worn a truss for some years. On the previous evening after retiring to her room had taken it off, and finding that she had forgotten something down-stairs she descended to the lower flat of the house, when she almost immediately experienced stinging pains in the seat of the rupture, which continued until I saw her next morning. I detected what I believed to be strangulated hernia. And after explaining the nature of the difficulty, I attempted reduction by taxis, but failed. A second attempt was made under chloroform, which was also unsuccessful. An ice bag was then applied for a few hours, and a third time the taxis was tried without success. I then asked for a consultation; and two other medical men saw her with me, one of whom, on account of there being no urgent symptoms, and no impulse on coughing, advised delay. Saw her again the same night—symptoms about the same. Next morning the symptoms were more urgent. I then asked for assistance, with a view of relief by operation.

Drs. W. W. Ogden and Hay were called, and advised immediate operation. The operation was performed about 11 a.m. on the morning of the 18th. On opening the sack the bowel was found gangrenous. This portion, about six inches in length of the ileum was removed, and the ends of the healthy bowels brought together, by means of a number of fine silk sutures, after the manner of Lambert. The femoral opening was enlarged, so that the bowel was returned without any undue pressure. A good deal of inflammatory action followed, and the patient died on the morning of the third day after the operation. No *post-mortem* could be obtained.

*Remarks.*—In the first case, I think it clearly shown by the *post-mortem* that the condition of the kidneys and heart were the direct cause of death, and that the administration of the ether hastened the end. Although the urine had been examined chemically with negative results, the patient was still suffering from advanced kidney disease, showing the necessity of a microscopical examination in order to make a true diagnosis.

The chief point of interest in the second case is the early stage at which stercoraceous vomiting took place, viz., about fifteen hours after the obstruction.

In the third case, it is of interest to note the brief period (only thirty-six hours) elapsing between the incarceration and the complete death of the strangulated gut, and the entire absence of what are generally looked for as urgent symptoms calling for immediate operation.

26 Gerrard Street East.

Michigan State Medical Society officers for 1888-9: President, Dr. S. S. French; 1st Vice-President, Dr. C. H. Lewis; 2nd Vice-President, Dr. E. B. Ward; 3rd Vice-President, Dr. S. Belknap; Secretary, Dr. George Duffield; Treasurer, Dr. H. B. Hemenway.

The Winnipeg General Hospital authorities are negotiating for the building of an ambulance, exactly like the one given by the Accident Assurance Company to this city.



## THE DUTY OF THE MEDICAL PROFESSION UNDER THE PUBLIC HEALTH ACT OF ONTARIO.

BY WM. CANNIFF, M.D.,

Medical Health Officer of Toronto.

(Prepared to be read before Canadian Medical Association,  
Ottawa, August, 1888.)

In order that a Medical Health Officer may effectually do the work pertaining to his office in connection with contagious and infectious diseases, it is most necessary that he shall have the co-operation of his confreres in general practice. There should be no conflict between the two. I do not think that preventive medicine can in any way affect the practitioner whose work it is principally to cure disease; but who at the same time is in honor bound, when called upon to treat a case of infectious disease, to give such advice and instruction as will tend to prevent the spread of the disease, especially to other members of the afflicted family, to administer to the safety of which he has been called in. I am one of those, and it is not the first time I have publicly said so, who believe that a medical attendant should be engaged by the year to look after the health of individuals and families, and thereby to a great extent prevent sickness, and often preserve the life of the breadwinner. It is somewhat on the principle: In time of peace prepare for war; with the result that war does not come. In order to have this principle carried into effective practice it is necessary to have the co-operation of the public. But the public does not see the necessity of such a step, and I must say where the physician is called in only when life is supposed to be in danger, he can hardly be blamed for not voluntarily giving advice for which he may not even be thanked. If, however, he be consulted, he should make the same charge that he would if consulted for the ailments of the family. The fact is, however, that most physicians, with the philanthropy characteristic of the profession, do give advice, do often prevent a contagious disease from spreading, without receiving any return, even in thanks. The public require to be educated on this point. If public sentiment would sustain the view that the physician should be remunerated for any advice he may give,

apart from the patient under his care, physicians could be required without any excuse to co-operate with the Medical Health Officer. The question as to how the public is to be educated up to the requisite point is an important one. While each physician should at all times, try to inculcate the advantage of preventing over curing disease, I must say that I think those engaged, especially in sanitary work, should feel it their duty to make every effort to educate the public; and boards of health, especially the Provincial Board, should circulate such literature as will tend to that end.

But we have to look at the question from another standpoint. So far my remarks are applicable to all parts of this Dominion. But now I propose to consider the obligation laid upon the profession by the Public Health Act for Ontario. I will quote from the "Consolidated Public Health Laws," secs. 80 and 82:

"Whenever any physician knows that any person whom he is called upon to visit is infected with small-pox, scarlet fever, diphtheria, typhoid fever, or cholera, such physician shall within twenty-four hours give notice thereof to the local board of health, or medical health officer of the municipality in which such diseased person is;" and again, "Except the attending physician or clergyman, no person affected with small-pox, scarlet fever, diphtheria, or cholera, and no person having access to any person with any of said diseases shall mingle with the general public until such sanitary precautions as may be prescribed by the local board or attending physician shall have been complied with."

Now the Medical Health Officer should not infringe upon the duties of the attending physician, and as for myself I have always aimed to give no cause of offence; and so far as I know, I have not failed. Yet the Medical Health officer is required to see that proper means are adopted to prevent the spread of the disease. Section 85 reads as follows:

"Persons recovering from any of the said diseases—small-pox, diphtheria, scarlet fever, etc.—and nurses who have been in attendance on any person suffering from any such disease, shall not leave the premises till they have received from the attending physician, or medical health officer, a certificate that in his opinion they have

taken such precautions as to their persons, clothing and all other things which they propose bringing from the premises, as are necessary to insure the immunity from infection of other persons with whom they may come in contact, nor shall any such person expose him or herself in any public place, shop, street, inn, or public conveyance, without having first adopted such precautions."

Now, I have to confess that steps have not been taken to carry out this demand, and for two reasons: First, to do so would hardly fail to be a source of annoyance to the attending physician. Second, it would require an inspector to give his whole attention in watching such cases. To have the law in this respect carried out, the attending physician would have to give warning, and subsequently the certificate, to do which, I must confess, would tax his patience. It seems to me, that in order to have the public observe this law, means should be taken by the Provincial Board to educate the public upon the matter." Section 86 reads as follows:

"All persons named in section 85 shall be required to adopt for the disinfection and disposal of excreta, and for the disinfection of utensils, bedding, clothing, and other things which have been exposed to infection, such measures as have been, or may hereafter be, advised by the Provincial Board of Health or by the medical health officer, or such as may have been recommended by the attending physician as equally efficacious."

The question is, Who shall give instruction to the convalescent and the attending nurse. Should the medical health officer, uninvited, enter the house and give instruction, I think the attending physician would have just reason to complain, and moreover the Medical Health Officer might order the use of one kind of disinfectant and the physician might prefer another kind, which he considered "equally efficacious." It will thus be seen that the carrying out of the law on this point is not without difficulty. It seems to me that this important duty should be laid upon the attending physician exclusively, and for attending to it he should be remunerated either by the private person or the State. I will pass over sections 87, 88, 89, 92 and 93,

and other sections, merely remarking that if their requirements are to be met, the public will have to be educated on the matter.

The attending physician is also required equally with the medical health officer to furnish a certificate to enable any child from a house in which an infectious disease has existed to attend school. Now this is for the protection of the public; and why the physician should be required to do this without recompense is not, to me, quite plain.

Rules 1, 2 and 3 of clause 17, the By-law of which relates to the reporting by physicians of infectious diseases, and defines the duties of the medical health officer, with regard to forms to be supplied to physicians for the purpose. Rule 1 says that blank forms for reporting the disease, and also for reporting the result, shall be supplied to the physicians. I may say, that though at first I did supply forms for reporting the result, I have discontinued it, as only a limited number of physicians complied with the law. I do not know what may be the practice in other places; but in Toronto, at my request, the Local Board of Health gave directions to place a postage stamp on the form before sending it to physicians.

The law requires that the physician shall report cases within twenty-four hours after recognizing the character of the disease, and it is most necessary that this should be done to enable the medical health officer to protect the public. The law directs that a placard shall be affixed to the house in which the disease exists: this, however, has not been done in Toronto, except in cases of small-pox, although I recommended it. The Local Board of Health strongly objected to this procedure, as the citizens generally were opposed to having their houses placarded. I was requested to endeavor by other means to accomplish the object aimed at by placarding. The course which I have pursued is as follows: When a notice of a case of infectious disease is received, an inspector at once visits the place. If the notice has come from some other source than a physician, the report is verified. The inspector then notifies the immediate neighbors of the existence of the disease, and warns them of the danger. He also informs the nearest corner grocer or butcher,



with the request that he will tell his customers. By this means the neighborhood is soon made acquainted with the matter, and the infected house is in a great measure quarantined. The inspector reports to the medical health officer the facts relating to the attack of the disease; how long it has existed; the position and size of the room occupied by the patient; the degree of isolation; and if a protective sheet, kept wet with a disinfectant, is placed over the doorway. In all this there is no interference with the physician attending, except urging the necessity of isolation, and disinfection may be considered to be such. The inspector keeps a watch of the case to the extent of seeing if the patient dies, and if so, to secure a private funeral. After the patient's death, or after recovery, he is to see that the room is properly disinfected; but the kind of disinfectant is selected by the attending physician. In case the family are unable to pay for the disinfection, it is done by the inspector. At once after his first visit, having learned what school is attended by children from the infected house, he gives notice to the school, and they are not allowed to attend until a certificate from the physician says it may be done without danger to the school. The inspector, moreover, ascertains if there is in the house any book from the public library, and if so, it is carried to the medical health officer to be destroyed, and the Public Library Board is notified. This is done in accordance with a resolution of the Public Library Board. I have thus minutely described the course pursued by the Medical Health Department in Toronto in cases of contagious and infectious diseases, to show that there is a good reason why physicians should report such cases, and to do it promptly. The law requires that the report shall be made within twenty-four hours, but it should be done as soon as possible. If there is any benefit to the public in the action taken by the Medical Health Department, it is obvious that knowledge of a case cannot be had too soon. Even ten minutes may afford an opportunity for the disease to be communicated to others. My medical brethren of Toronto will, I trust, pardon me when I say that prompt reporting is not always practised; in fact, sometimes the report has come in after the patient had recovered, and I regret to say, sometimes they

have not been reported at all, until the inspector called for it—which he has too often had to do. Now, I do not wish to cast blame upon any one. I have already remarked that it is a tax upon the time of the physician, yet if he would carry blanks in his case, it would take but a minute to fill one out. Although the remissness of physicians in reporting cases very much handicaps the medical health officer, I think it is due to myself to say that I have been very considerate and lenient in my action toward those who were delinquents. During the four years of existence of the Public Health Laws, only three persons have been in court for violating the Public Health Act, and I may say they swore they had duly posted the reports in question. Although the law is explicit on the point, and is printed on the forms supplied to physicians, there has been practised toward delinquent doctors the greatest forbearance. We have several ways of hearing of cases of infectious diseases when not reported by the doctors, and too frequently such cases have indirectly become known. For a long time, when this occurred, an inspector called upon the physician to remind him of his neglect; and obtain a regular report. He was also asked to be good enough in the future to promptly report such cases. I think this leniency on the part of the medical health officer was, as a general thing appreciated, and as a result, the number of unreported cases is now very small. But I regret to say there are still a few who forget, or ignore their duty, and according to law I have received instructions from the Local Board of Health in future to have an information laid against all who fail to report.

The object of this paper is to bring the matter under the consideration of the profession, to show the importance of prompt attention to the requirements of the law, and to show the steps taken in Toronto to render the physician's reports beneficial to the public. At the same time, with the hope that this Association will afford some suggestions and advice which will be of service to the medical health officer.

To preserve instruments from rusting immerse for a few minutes in a saturated solution of potassium carbonate.

## A REPORT OF SOME CASES OF IRREGULAR AND RAPID ACTION OF THE HEART.

BY J. ELLIOTT GRAHAM, M.D., TORONTO,

Professor of Clinical Medicine and Dermatology, etc., etc., University of Toronto.

(Read at Meeting of Canadian Medical Association, Ottawa, August, 1888.)

It is one of the most difficult problems in medical diagnosis to correctly decide as to the presence or absence of organic disease in some of the so-called functional affections of the heart. Such questions, however, very often arise for solution, and the making of an accurate diagnosis is of great importance, both to the patient and physician. I have, therefore, presumed to bring before the notice of this Association the histories of two or three cases of much interest. They cannot be called rare cases, but rather extremes of a class which is rather frequently seen. My object in reading this paper is to elicit discussion, and thus obtain information upon some points which were obscure to me.

CASE I. D. B., aged 62, painter, was admitted into Toronto General Hospital Oct. 5, 1887. Patient suffered from pleurisy in the left side about thirty-six years ago. He has been otherwise quite healthy.

*Present illness.*—About four weeks ago, while going up stairs, patient was suddenly seized with a severe pain in the epigastrium. The pain was intermittent in character. At the same time the heart was noticed to beat rapidly. He states that from the first his pulse ranged over 180 per minute. He found that he was unable to go up stairs owing to shortness of breath. He has suffered from the epigastric pain from shortness of breath, and occasionally slight dizziness. The abdomen was somewhat distended. Since the first attack he has continued to complain of the same symptoms.

*Present condition.* Patient is a rather fleshy man. When first seen, he was partially sitting up in bed; his countenance was pale and anxious, and the least exertion produced dyspnoea. His respirations were twenty in the minute when he was perfectly at rest. No abnormal sounds could be found over the lungs. The respiratory murmur was everywhere distinct.

He had a slight dry, hacking cough. Temperature was subnormal. It ranged from 97.6 to 98.6.

His pulse, when he was perfectly quiet, was 164 in the minute. It was irregular, intermittent and weak. It could, however, be easily and correctly counted. The beats increased to 180 and over when he exerted himself.

On careful examination of the heart no murmurs could be heard. The sounds were weak, but had no other abnormal quality.

There were no signs of aneurism present. There did not appear to be any marked enlargement of the heart. It is possible that, owing to the man's age, his left lung may have overlapped the heart, thus producing a smaller area. There were, however, no marked signs of emphysema.

*Digestive system.*—Appetite poor. Tongue flabby and slightly coated. Bowels regular.

The urine was scanty and high-colored; specific gravity 1027. It was very acid in reaction. No albumen and no sugar.

The patient was ordered to lie very quietly in bed. His diet consisted of the most easily digested and nourishing food. He was given a mixture containing ammonia and digitalis. Fifteen minims of the tincture of digitalis were given in each dose. He was afterwards given tonics with the digitalis.

The patient remained in the Hospital about four weeks. His improvement was steady and progressive, so that during the last week he could walk about. His pulse increased in strength, and came down to about 80 in the minute. His color returned, and he left the Hospital apparently quite well. He has since been at work, and, when last heard from, was in his usual health.

While the patient was in the Hospital, every effort was made to find out if possible the cause for such extreme rapidity and weakness of the heart. Physical examination revealed nothing, except it might be considered that the weak heart sounds indicated thinness and want of strength in the heart walls.

The causes of the palpitation must have been of a temporary character. This would exclude a long list of conditions which are frequently set down as cause of rapidity of the heart's action, such as valvular lesion, dilatation, etc.

The question arises, could the patient have



suffered in the first place from heart strain, which produced a temporary weakening of the heart muscle? So far as could be ascertained, the patient had not exerted himself more than usual when the attack first came on.

CASE II. W. B., aged 44, carpenter, called on me in the latter part of July last. He presented a strong, healthy appearance. His countenance exhibited no signs of distress, and I was much surprised when I felt his pulse. The pulse was very weak, irregular and extremely rapid. I counted about 160 beats per minute. I recommended him to go into the Hospital, where he came under the care of my colleague, Dr. McPhedran. The following notes are taken from the Hospital case book:

Patient's family history does not show any peculiarity, except that his mother died of heart trouble in some form.

*Previous history.*—An abscess appeared on right arm, near the shoulder, when he was ten years of age. He had typhoid fever thirteen years ago.

*Present illness.*—About the 8th of May last he took a severe cold while working at his trade out of doors. He continued at work until May 24. He suffered for the first week from what the doctor called low fever; this was followed by pneumonia. He then commenced to suffer from palpitation of the heart and difficulty of breathing, especially upon exertion. These symptoms continued until his admission into the Hospital.

*Present condition.*—The skin presents a normal appearance. There is slight pitting over the sternum. Respiration normal—18 per minute when he is lying down, 24 when he is sitting up. Appetite good. Tongue flabby and slightly coated. His pulse ranges from 150 to 160—sometimes it is almost impossible to count it, and is very irregular and weak. One can only count the contractions of the ventricle by listening over the heart. The radial arteries are hard and cord-like. They roll under the finger.

*Heart.*—The apex beat is heard loudest an inch to the left of a perpendicular line drawn through the left nipple. The area of cardiac dullness is much increased. A diffused and slightly heaving pulsation is seen in the præcordial area,

also slightly over the whole front and sides of chest, perceptible to the hand as well as to the eye. Marked pulsation in the jugular vein. No murmur of any kind could be heard.

The liver is enlarged, dullness extending one inch below the margin of the ribs in the mammary line and in the median line to half way between the ensiform cartilage and the umbilicus. The lungs are quite normal. No râles heard anywhere over the chest. Patient was ordered to remain in bed, a light nourishing diet was given and the following mixture prescribed: Tincture digitalis ℥ss, tincture belladonna ℥iv. spts. acets. sulph. co. ℥xv. To be given four times a day.

Under this treatment a very marked improvement took place. The pulsation over the chest and in the jugular was lessened, so that in about two weeks it had almost disappeared. The pericardial dullness also became less. The heart sounds became slower and more regular. The pulse, which previously had ranged between 150 and 180, was now reduced to about 80 in the minute.

The diagnosis in this case was rather difficult to make. It was thought at first, that mitral stenosis was present: the subsequent history, however, would show that if mitral stenosis was present, it was not the main factor in the disease. It is very evident that there was a very great dilation of the heart, and a tricuspid regurgitation as a result of its dilatation.

It is, however, doubtful if the dilatation was the sole cause of the extremely rapid action. One would think, if such had been the case, the patient would not have had so much ease in walking.

There are three or four points in connection with these cases to which I wish to draw the attention of members of this Association:—

1. Enlargement of the heart frequently occurs without the presence of valvular lesions or of Bright's disease. It may, then, arise from several causes. I wish here to speak of two of these: (1) Over-exertion of the organ, and (2) congestion of the portal system, the result of sedentary habits and excess of food. The fact that the heart can become enlarged by over-exertion has been clearly shown by Dr. DeCosta and Dr. Frantzel. In such cases there previously

existed a hereditary or acquired weakness of the heart muscles.

The frequent occurrence of heart lesion in soldiers in the English army, has been attributed to the "setting up" drill, a very severe course of physical exertion which recruits have to undergo during the first six months after they enter the army. In my own experience the most frequent cause of heart enlargement, other than valvular lesions, or Bright's disease, is a combination of the two already given, viz.: over-exertion in persons who, as a rule, live a sedentary life, and eat an excessive amount of food. Such cases are occasionally met with in some lacrosse players whose daily occupation is of a sedentary character. Unless care be exercised at the commencement of the season, when the whole muscular system is in a flabby, toneless condition, there is great danger of heart enlargement in lacrosse, foot-ball or other violent games. For the same reason it is an exceedingly dangerous proceeding for men over the ages of forty or forty-five to occasionally engage in a game of base-ball, foot-ball, etc. Such pastimes as the "Fat Man's Race," the "Fat Man's Base Ball Game," should be strictly prohibited. The same condition is also found in wealthy farmers, who a great part of the year do very little work, but who, in the harvest time, perhaps, lead their men in the work requiring the most severe exertion.

The second point I wish to mention is the great usefulness of digitalis in such cases. Few drugs produce such a direct and beneficial effect. It will be noticed that in both cases recorded the tincture of digitalis was given in large doses at first, and that its administration in small doses was continued for some weeks. In the very excellent paper by Dr. Stewart, read last year at the meeting in Hamilton, mention was made of the beneficial effect of large doses for a certain time, and that when the urine, which is first increased in quantity, shows decided diminution, the administration of the drug should be suspended. He did not refer to the tonic effect of small doses when given for some weeks and months.

The late Dr. Fagge, in his recent work on medicine, states as follows: "Digitalis may even further act with advantage; for if its effect

be to preserve the quiet action of the heart and give it tone, its long continued use may produce a permanently tonic state in a heart which had been previously weak. Therefore, besides its immediate use as a sedative to the heart, it acts as a tonic when long continued." This tonic action of the continued doses of from five to ten ℥. of tincture of digitalis has been frequently observed by me. Of the more recently discovered heart remedies, convullaria and strophanthus, I can only say, that so far as my observation goes, they are in every way inferior to digitalis. It would be of interest to hear the views of members of this Association on that point.

A third point in connection with these cases is the extreme rapidity of pulse. Both of these patients were able to walk about when the pulse ranged from 160 to 180 per minute. The latter patient was able to walk a considerable distance, and, singular to say, did not present any appearance of distress in his countenance.

In the July number of *Brain*, 1887, there appears an exceedingly interesting paper by Dr. Bristowe, on "Recurrent Palpitation of Extreme Rapidity in Persons otherwise apparently healthy." He reported nine cases in whom the pulse ranged, either continually or during paroxysms, between 180 and 300 beats in the minute. In one case the pulse averaged 144 in the minute. The patient assured the doctor that two weeks previously he ran three miles in twenty minutes without suffering. This seems almost incredible, but Dr. Bristowe's excellent reputation forbids one doubting the recorded fact. Another patient, whose pulse frequently arose above 120, went to Switzerland and took walks of three or four miles without great difficulty. *Post-mortems* were made on several of these cases. In a small number, decided organic disease was found, while in the majority, a slight hypertrophy, probably the result of such rapid action, was all that could be discovered. Now, in such cases, what is the mechanism of the heart's action. There would appear to be some pathological start, either temporary or passive, on account of which the heart had lost its balance wheel, if I might be allowed to use that expression, or, in other words, the inhibitory power was either overcome or destroyed.



I shall conclude by referring to the prognosis in these cases. Of the nine cases reported by Dr. Bristowe, only three were living at the time he wrote his paper. The other six died in from eight to sixteen years after the first symptoms were discovered. On this point, Dr. Bristowe states as follows: "Speaking generally of these cases of recurrent palpitation, I should be inclined to say that the prognosis is fairly hopeful for those persons who are able to lead quiet lives; who avoid mental or bodily excitement and overwork; who protect themselves from catarrhal and other disorders, which are likely to interfere, directly or indirectly, with the equilibrium of their circulatory organs, and who nurse themselves with care during their attacks of palpitation."

Of the two cases recorded in this paper, the first one resembles more closely those cited by Dr. Bristowe. In the second case there was evidently very great organic change in the walls of the heart, a condition which renders the prognosis very grave.

66 Gerrard Street East.

### **Selections.**

#### **PARAPHENACETIN.**

The aromatic series of carbon compounds seems destined to supply us with a very large number of drugs, useful in treatment. We are already familiar with antipyrin (dimethyl-oxy-chinidin), and antifebrin (acetanilide). The latest discovery is that of phenacetin, or para-acet-phenetidin, a body closely allied to antifebrin. This body was first prepared by Dr. O. Hinsberg, of Elberfeld, who, in conjunction with Professor Kast, subjected it to physiological research. The results of this research have led Dr. Koller, of Vienna, to make an extensive use of it clinically for its antipyretic properties. The results of his experiments are embodied in a small pamphlet, from which the following facts are taken: Phenacetin is inodorous, tasteless, very slightly soluble in acid chyle or pancreatic extract at body temperature. It has no effect in reducing normal temperature, but it is claimed that in all cases of pyrexia even small doses (4

to 7 grains) never fail to produce a perceptible effect in diminishing the fever. No ill effects, such as nausea, vomiting, and collapse, which sometimes follow the use of other antipyretics, have been observed. Altogether, fifty cases of a most varied nature have been treated with the new febrifuge. Of these, tuberculosis, pneumonia, morbilli, and enterica form more than half. The plan adopted was to administer the antipyretic when the continued high temperature seems likely to be prejudicial to the patient, that is to say, in long-continued temperature of 102 degrees to 104 degrees F. The reduction of temperature took place slowly, the maximum effect being produced in about four to six hours: this point being reached, the temperature again rose, so that in eight to ten hours all effects have passed off. Nocturnal exacerbations in phthisis were found to be not prevented, but only delayed; but the rise of temperature under these circumstances was unaccompanied by rigors. Moreover, during treatment, the patients became cheerful and able to take food. The fall in temperature was not usually accompanied by perspiration; when this takes place, Dr. Koller says that care is required in exhibiting the drug. In one case of this kind, temperature was reduced as low as 95 degrees F., which caused some alarm. The patient's temperature rose, however, under the influence of rubbing and warm bottles, and no signs of collapse appeared. It is also stated that a comparatively large initial dose is more effective than several successive doses. It would be interesting to ascertain whether in the case of phenacetin, as in that of antipyrin, a tolerance was produced after prolonged exhibition. Phenacetin exerts no diuretic action, and passes out of the body quite harmlessly by the kidneys; its presence in the urine may be detected by the red reaction given by ferric chloride. It would be interesting to know during what length of time this red reaction can be observed as a clue to the rate of excretion, judging by the properties of allied bodies. Dr. Koller has made experiments on the antiseptic properties of phenacetin, but owing to its great insolubility, no definite results have been arrived at. The main deductions from the paper seem to be as follows:—1. That phenacetin is an antipyretic.

2. That its use is not usually followed by disagreeable results. 3. That a single large dose is more serviceable than successive small ones. 4. That the fall of temperature takes place less promptly than when other antipyretics are used, but lasts longer. This seems to be most likely due to the great insolubility of the drug, which is one of the greatest drawbacks. *Brit. Med. Journal.*

**CALCIUM CHLORIDE IN GLANDULAR AFFECTIONS OF THE NECK.**—In the progressiveness of medicine many of our old and important remedial agents are without adequate reason pushed aside, and become superseded by something else which has been more recently placed in the therapeutic market. Such has undoubtedly been the history of calcium chloride an agent held in the highest esteem by the earlier practitioners of medicine. It is hardly recognized by therapeutic authors of the present day. Dr. S. Coghill, of the Royal National Hospital for Consumption at Ventnor, in a communication to the *Practitioner*, states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhoea, which so accompanies this condition, and above all that obstinate lenteria which is seen with hypertrophy of the mesenteric glands, yield to the solution of the chloride of calcium like a charm."

I have used this agent for a number of years, both in private and public practice, and can fully indorse the strong views expressed by Dr. Coghill, especially in so far as scrofulous affections of the neck are concerned. Very often one meets with pale, rickety children, who have swollen cervical glands, poor appetite, coated tongue, constipation, and in whom there is a general indication of malassimilation. Such patients usually receive the routine treatment of cod-liver oil internally, and iodine, and perhaps cod-liver oil externally. This succeeds some-

times, but oftener fails. Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine.

This agent must not be mistaken for the chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.—*Thos. J. Mays, M.D., in Archives of Pediatrics.*

**NORMAL BLOOD-LOSS DURING LABOR.** Schauta, of Innsbruck, has made a careful investigation of the normal blood-loss during labor, and arrived at results which show that in many cases of post-partum hemorrhage, the cry of "wolf" has been needlessly raised. From one hundred unselected cases, treated according to the expectant plan, it was found that the average loss of blood amounted to nineteen ounces. The investigations were carefully made, and the measurement included all the blood lost during labor, and three hours following the delivery of the placenta. The conclusion is arrived at that a loss of blood exceeding thirty ounces is to be looked upon as pathological. Now thirty ounces of blood is nearly a quart, and that quantity distributed about over sheets and clothing, and mixed with perhaps an equal quantity of liquor amnii, would make a good deal of a show, and might fairly excite alarm, especially in the mind of the practitioner of little experience. Indeed, we have noticed that post-partum hemorrhage, like retained placenta, decreases directly with the increase of experience.—*N. W. Lancet.*

**CARDIAC STRAIN.**—Every year the vacation season claims its quota of victims. Many have become somewhat enfeebled by long confinement and close attention to the calls of sedentary occupations, and rush away for a short



holiday, and endeavor by systematic over-exertion to make up for the inactivity of the past months. Every year brings its sad warnings of this folly in a record of fatalities, while the experience of most practitioners shows yet more clearly that this over-strain is followed by prolonged illness. The circulatory and respiratory systems work hand in hand, and rebel against any sudden disturbance of their ordinary routine. The danger is always greatest, when, in the presence of any cardiac weakness, the exertion demands an arrest of respiration. In moments of intense nervous excitement the breathing is frequently unconsciously stopped, and the strain upon an enfeebled heart then becomes very severe. The sad death of Sir John Rose appears to have resulted from this cause; he had already fired twice at a stag, and when aiming a third time suddenly expired. Emotional excitement necessarily produces palpitation, and the fixation of the thorax then adds to the difficulty at the moment when the heart is at its weakest.—*Lancet*.

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THE  
Canadian Practitioner.  
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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*Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.*

TORONTO, OCTOBER, 1888.

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THE RECENT MEDICAL CONGRESS  
AT WASHINGTON.

The first triennial meeting of the Congress of American Physicians and Surgeons recently held in Washington was in every respect a grand success.

After the establishment of the Association of American Physicians, which together with the nine or ten special associations already existing, covered the whole field of medicine, it was thought advisable to form a congress which would include all these special associations. It was further determined that the meetings of the Congress should be held triennially. This was, therefore, the first meeting. The names of the

associations which form the Congress are as follows: The American Surgical Association, Association of Genito-Urinary Surgeons, the Laryngological, the Climatological, the Association of American Physicians, the Otological, the Ophthalmological, the Neurological, the Dermatological, the Physiological and the Orthopedic Association. Three other bodies not belonging to the Association met at the same time—the American Gynecological, the Pediatric and the Association of American Gynecologists. The Congress was, therefore, constituted in quite a different way from the British Medical Association. The latter is one grand association divided into sections, while the former is a federation of independent associations.

The business of the Congress rests largely in the hands of an executive committee and a committee of arrangements. Each association is represented by one member on each committee. It will thus be seen that there is very little chance for medical politics to mar the success of the Congress. Any one who attended the recent meeting would be convinced that the sole object of the Congress was prosecution of scientific work, and that no time was given either to ethics or politics.

It may be fairly stated that at the recent meeting the American profession appeared to the best advantage. Every member of the Congress may be said to enjoy at least a local reputation in some department of medicine. The discussions, therefore, were not marred by long speeches, or the reciting of special cases having little reference to the points under consideration. We have attended meetings of the American and British Medical Associations, and are of opinion that many of the discussions at the recent Congress were really superior in character to any that we ever had the pleasure of listening to.

A pleasing feature was the attendance of so many distinguished men from Europe. Great Britain was represented by Sir Spencer Wells, Sir Wm. MacCormac, Dr. Priestley, Dr. Ferrier, Dr. Pye Smith, Dr. Ord, Mr. Victor Horsley, Mr. Arthur Durham, Mr. Reginald Harrison, Mr. Henry Fenwick. From Germany there was present Baron Von Esmarch. From

Switzerland, Dr. Kauffman, of Zurich. From India, Surgeon-Major Keegan, of Indore, and others of prominence.

On Tuesday morning the various associates met in their several rooms and proceeded with their regular business. At 1 p.m. the first meeting of the Congress took place for the transaction of general business. The report of the Executive Committee was read and adopted.

In the afternoon, again the various associations held their ordinary meetings. It is, of course, impossible in this short sketch to give even a brief account of the many excellent papers and discussions.

On Tuesday evening the first general scientific meeting took place. Papers on Intestinal Obstruction in its medical and surgical relations were read by Dr. Fitz, of Boston, and Dr. Nicholas Senn, of Milwaukee. The former treated the subject from the medical aspect, while the latter spoke of its surgical relation. Dr. Senn is a surgeon of great promise, who has recently risen to notice. He is an indefatigable worker, and wholly absorbed in the study of his profession. Though his address was however somewhat marred by a peculiar, stump-orator style of speaking. He advocated early operation as the only hope in many cases of obstruction. He was opposed to colotomy and the formation of an artificial anus. He presented a new method of stitching together incised portions of intestine, and spoke of the great value of hydrogen gas in the treatment of intussusception, as well as for diagnosing the situation of the opening in gunshot wounds of the intestine. He also exhibited specimens of intestines from the dog, showing the result of suturing.

Mr. Durham, of Guy's Hospital, followed, and in an excellent address gave his views of operative procedure in obstruction. He strongly favored the formation of an artificial anus when nothing better could be done. He had, he was confident, prolonged life and rendered the patient's condition much more easy by the operation of lumbar colotomy. He emphasized the importance of early interference when the case was urgent. He also recommended operation in some cases for diagnostic purposes. In choosing the time and mode of

operation, he would not be governed too much by statistics of cases, but rather by the conditions present. Each case must be treated as circumstances indicate. Mr. Durham is a nervous, fluent speaker, and presents a subject with great clearness.

He was followed by Dr. Ord, of St. Thomas's Hospital, and Mr. Annandale, of Edinboro'.

The morning and afternoon of Wednesday were occupied by the session of the various associations. At 4 p.m. the President and Mrs. Cleveland held a reception for members of the Congress and their lady friends. It was given in a kind, informal manner, which was very delightful to those who had the good fortune to be present. Prominent among the guests were Professor Eismarch and his wife the Princess Henrietta.

In the evening the most important discussion of the Congress took place. The subject was, Cerebral Localization in its practical relation.

A paper on the medical aspects of the subject was read by Dr. C. K. Wills, of Philadelphia. It was very exhaustive, and perhaps a little too long. He was followed by our friend Dr. Roswell Park, of Buffalo, who gave a very interesting and succinct account of the mode of operating in brain surgery. He also gave a tabulated list of operations which had been performed, as well as their results.

The discussion was opened by Dr. David Ferrier, of London, England, who received quite an ovation. The applause was so prolonged that the President, Dr. Billings, had to motion for its cessation.

Dr. Ferrier is a small, thin man, with a quick, nervous manner. His voice is not strong, but he speaks with great clearness. He spoke of the great satisfaction it gave him that the subject upon which he had paid so much attention should have received such a prominent place in the proceedings of the Congress, and read an extract from the London *Lancet*, written when the surgical aspect of cerebral localization was first introduced, in which the editor feared that the operation could only be followed by disaster and death. Dr. Ferrier was glad that so many successful cases had been published by Horsley, McEwen and others.

He was followed by Mr. Victor Horsley, who,



with McEwen, of Glasgow, had the honor of being the pioneers and exponents of modern brain surgery. Mr. Horsley presents an almost youthful appearance. He is now thirty-two years of age, but he has already done more in the science of surgery than has been accomplished by most men in a life-time. He is not only a practical surgeon, but also an experimental physiologist and pathologist. His work in the latter departments have been done in the most difficult field, that of the nervous system.

Mr. Horsley spoke of a number of nerve centres in the motor area, which have recently been discovered. He also stated the fact that these areas overlap one another, so that on the border, stimulation might produce movements in two sets of muscles. Either he or Dr. Ferrier stated most positively that it was nonsense to speak of the difference between the brains of monkeys, and of men. So far as the results of stimulation were concerned, they were exactly alike. The experiments, therefore, made on monkeys, could be quite relied upon so far as the human brain was concerned.

Several speakers gave the caution that operations should not be made rashly, as there was still a large undiscovered field in brain physiology and pathology. At the same time the surgeon should not be too timid. In some cases, where the expected lesion was not found, the operation had proved of the greatest benefit to the patient. Dr. Keen, of Philadelphia, mentioned a case where he had refused to operate, as he was not certain of his diagnosis. The patient, who suffered intensely from localized headache, afterwards consulted Dr. Weir, of New York. The latter surgeon trephined over the seat of pain, but did not find any lesion. The result was that the patient was quite cured, although even the operating surgeon did not understand the reason of the cessation of pain.

On Tuesday the meeting of the Association continued both forenoon and afternoon. In the evening the President of the Congress, Dr. Billings, gave his address, which was followed by a brilliant reception in the Army Medical Museum.

A number of physicians from Canada were present at the Congress. Among others were Drs.

Howitt, McKinnon and McPhatter, of Guelph; Drs. Atherton, Ross, E. E. King and J. E. Graham, from Toronto; Drs. Ross, Stewart, Wilkins, Hingston, Bell, Alloway, Blackadder, of Montreal. Many of these gentlemen are members of the various associations.

Mention might be made of a most excellent and exhaustive paper read in the Dermatological Association by our former fellow-countryman, Dr. A. R. Robinson, of New York. The subject was, The Question of Relationship between Lichen Ruber and Lichen Planus.

The social features of the Congress, although unostentatious, were very elaborate, and every member appeared to leave Washington quite delighted with all the proceedings.

Dr. Osler was one of the leading spirits of the Congress, and no doubt much of the success of the Congress is due to him.

The following notice of him appeared in the *Washington Post*:—"The Recorder of the Association of Physicians is Dr. Osler, of Philadelphia, and the most casual observer would note his movements anywhere." He is the life of the section. His little figure seems to be everywhere, and his dark but pleasing countenance is probably the most attractive feature, or rather aggregation of features, in the room."

The pathological demonstrations given by Drs. Welch, Councilman, Sternberg and Shakespeare, on Thursday afternoon, were very interesting.

#### THE CANADIAN MEDICAL ASSOCIATION.

The recent meeting of this now well-established Association was, in every respect, a very useful and pleasant one, and a success. The attendance was quite as large as usual.

The profession of Canada should support this Association in the future more loyally than it has in the past. We would like to see three hundred instead of one hundred in attendance at each meeting. We want to keep up our connection with physicians in all parts of the Dominion, and the best way to do so is to meet at the annual gatherings of this, the most purely Canadian Medical Congress.

The Association has now reached its majority. It came into existence in the same year as Confederation, and we think it can be fairly said that its success has been quite equal to that of our national progress. Many of the same difficulties which stand in the way of our national success are also barriers to the progress of our Dominion Medical Association. The chief among these is the distance between the different provinces, and the great disparity of interests, the result of such distances. It is probable, however, that in both cases the most troublesome times are past, and that the success of both will be more rapid and more steady in the future.

We were glad to see that an effort to localize the Association was voted down by a large majority. When the Association loses its national character there is no longer any reason for its existence.

Dr. Ross presided over its deliberations with great ability. His opening address was very comprehensive and of great interest.

The division of the Association into three sections facilitated business very much. As was emphatically and truthfully stated by Dr. Mills, we, as members of the Association, need to have greater energy and industry in preparing papers which will be of interest and profit to members of the profession generally.

The first annual dinner of the Association was held on Wednesday evening at the Russell House, and was most enjoyable. It was given by the Association—each member paying for his own ticket. This is the method pursued by the British Medical Association, and is much better than the old way.

Members of the profession of Ottawa were most active and zealous in looking after the welfare of those attending the meeting.

We are compelled to say here that the Association did not receive that attention from the civic authorities or the Government which its importance deserved. We expected that, as in other cities, except Quebec, we would have had a few words of welcome from the Mayor, or from some member of the Cabinet, as we held our meetings in the Parliament buildings.

Dr. H. P. Wright, of Ottawa, was elected President for the coming year.

## LAW FACULTY UNIVERSITY OF TORONTO.

The great success of the re-established Medical Faculty of the University of Toronto appears to have encouraged the friends of the Law Faculty to complete as soon as possible the organization of what is called by some the "New Law School of Toronto." Mr. Ashley, the Professor of Political Science recently appointed, will of course be one of the Lecturers; or, perhaps, it would be stating the case more fully if we said that his course of instruction will be utilized by the new Faculty. The subjects taught will include Legal Jurisprudence, International Law and the History of Law. In addition to Professor Ashley, it is expected that a number of eminent members of the Bench and Bar will be included in the teaching Faculty. The Medical Faculty wishes for her young sister every success.

## THE BANFF MEETING.

At the meeting of the Canadian Medical Association recently held at Ottawa it was decided that we should next year try the Sulphur Springs, and breathe the pure air of Banff, the great Western Canadian health resort among the "Rockies." Sir James Grant and others thought that it would have been better to meet at some place in Central Canada, and take our trip to Banff afterwards.

The majority of those present at the Ottawa meeting thought otherwise however, and we will cordially support the Association, and extend our best wishes for a very successful meeting. The Canadian Pacific Railway has made a very generous offer in giving physicians in any part of Canada a return ticket to the meeting, including sleeping-cars, meals and board for four days at the Banff Hotel for \$95.00. The trip will be a delightful one, and we hope a large number will accept the offer.

The Glasgow police force is being instructed in ambulance and emergency work, those who are able to pass the examination will be entitled to wear the red St. Andrew's Cross, to indicate that they are competent to treat the injured.



## NOTES.

The first Siberian University has been opened at Tomsk.

Dr. G. S. Ryerson's paper will appear in the next number of THE PRACTITIONER.

The University of Zurich has decided against the admission of women to the lectures.

The British Medical Association has twelve thousand members, and a balance sheet in its favor of over \$156,000.

A Russian physician has established a dairy farm for the purpose of supplying sterilized milk for hand-fed infants.

Mr. Tait claims that the uterine appendages have as little to do with the sexual appetite of a woman as her front teeth.

Dr. J. E. Graham was elected President of the American Dermatological Association at the Washington Meeting.

M. Petnoco has endeavored to prove that pneumonia may be checked at the outset by giving digitalis in large doses.

The Jewish authorities of Berlin have decided that, in future, the rite of circumcision shall be performed by medical men only.

A School of Medicine for Chinese students is opened at Hong Kong. The curriculum is similar to that followed in England.

An exchange states that Dr. Koller, the discoverer of the anæsthetic properties of cocaine, has removed to New York city from Vienna.

In the daily papers of Philadelphia mention is made of the policeman who found a colored man rolling around in the street, and frothing at the mouth, and thinking it was a clear case of hydrophobia he procured a rope and fastened him to a tree until removed by the patrol wagon to the hospital, where it was discovered that the poor fellow was suffering from colic.

Mr. Lawson Tait has lately adopted the custom of having as his assistants three physicians, charging them a fixed sum per month. It is likely that during the next few months three well-known surgeons of Ontario will occupy these positions, viz: Dr. James F. W. Ross, of Toronto; Dr. Walker, formerly of Dundas, now of Toronto; Dr. McPhatter, of Guelph.

The Seventh Annual Announcement of the New York Polyclinic and Hospital, a Clinical School for Graduates in Medicine and Surgery, has been received. The Class for the Session of 1887-8 numbered 337, an increase of 36 over the preceding year. The changes in the Faculty are the appointments of Dr. Henry N. Heinemann, Professor of General Medicine, and Dr. Charles Stedman Bull, Professor of Ophthalmology. The Polyclinic Hospital will be opened in October. The preliminary term begins September 17th, and the regular term on September 24th.

## OPENING ADDRESSES AT THE MEDICAL SCHOOLS:—

Toronto University, October 1st, Dr. J. H. Richardson.

McGill University, October 1st, Dr. James Stewart.

Trinity Medical College, October 1st, Dr. Johnson, of Jamaica.

Women's Medical College Toronto, Oct. 2nd, Dr. N. A. Powell.

Western University, October 2.

Bishop's College, Montreal, October 2nd.

Manitoba University, October 1st.

Royal College, Kingston, October 9th, Dr. K. Fenwick.

Halifax Medical College, October 29th.

THE DOCTOR'S CRICKET CLUB.—The Annual Meeting was held at the residence of Dr. Clarke, Kingston, on September 10th, when these officers were elected: Dr. I. H. Cameron (Toronto), President; Dr. Clarke (Kingston), Vice-President; Dr. Nevitt (Toronto), Sec.-Treasurer; Committee: Dr. Burns (Caledonia), Dr. Bascom (Uxbridge), Dr. Pyne (Toronto). After some discussion as to next year's tour, it was

decided to leave the route to the Committee; most likely part of it will be in the States. Cricketers in the medical profession wishing to take their holidays in this way will kindly make themselves known to Dr. Nevitt, 164 Jarvis Street, Toronto.

At the regular meeting of the Peterborough Medical Society, held on the evening of the 20th inst., the general business of the Society was deferred, out of respect to the memory of the late Dr. Collins, and the following resolution adopted:

"We, the members of the Peterborough Medical Society, having learned with sincere regret of the death of our late friend and brother practitioner, Dr. Collins, take this opportunity of conveying to his sorrowing family and friends, our heartfelt sympathy in their sad bereavement. As a member of our Society he was prominent in promoting its best interests, and from the diligence with which he applied himself to his professional duties, gave promise of a life of usefulness and success. In his intercourse with his professional brethren he was always kind and courteous, and in his untimely death we sustain a severe loss, and our town loses a useful citizen."

WM. CALDWELL, *Secretary*.

It having been known for some time that Dr. A. H. Walker had decided to leave Dundas, with the intention of settling in Toronto, his friends decided to express in a tangible way their sense of the loss the town sustained, and the well-wishes that went with the doctor to his new home. A meeting of prominent business men was held in the office of the Town Clerk. Mayor Bickford, after briefly stating the object of the gathering, read the following address:

*A. H. Walker, M.D., Dundas:*

DEAR SIR, — Hearing that you are about to leave the town of Dundas, where you have resided and practised your profession with a marked degree of success for the last twenty-one years, it has been thought fit by a large number of your friends, on the eve of your departure from among them, to extend to you some token of the manifestation of the kindly feeling entertained towards you.

We therefore ask you to accept the accompanying memento and this address, trusting that in time to come they may serve to remind you of the years spent among us.

In conclusion, we wish you and Mrs. Walker God-speed on your voyage to the mother country, and will be pleased to learn of your return to Canada, and trust you in your new undertaking in Toronto may meet with the same unqualified success.

#### THE FACULTY'S FAREWELL TO DR. ARNOTT.

Dr. Henry Arnott, Dean of the Medical Faculty of the Western University, on the eve of his departure for California, was waited upon by a deputation consisting of Drs. Moorhouse, Jones and Jackson and Prof. Bowman, and presented with the following address, read by Dr. Jackson:

*"To Dr. Henry Arnott, Professor of Clinical Medicine, Dean of the Medical Faculty, of the Western University:*

"It is with feelings of regret that we, the Faculty of the Medical Department of the Western University, have learned that it is your intention to sever your connection with us for a time. We trust that your sojourn upon the Pacific Coast may be the means of restoring health and strength to yourself and family, and that you may soon be enabled to return and resume your labors amongst us with your characteristic vigor and energy. Having been with us from the inception of our Faculty, and having always taken an active and leading part in getting our College into successful and practical working, we feel that we cannot but deplore your departure from our midst.

"As professor of clinical medicine you have won the esteem of your fellow-workers, and the character of your teaching has been seen by the success of our graduates. Our new buildings, in which you have taken a just pride, are nearly completed, and we believe will add strength to our efforts. Your hopefulness and zeal have inspired many of us, who probably would not have endured to this happy consummation had it not been for these influences. We feel that we owe you much which friendship only can repay, and in parting we extend to you our best fraternal



wishes, trusting that all the objects of your separation from us may be realized, and that health and strength be restored to yourself and family. We will anticipate your return, and will rejoice to have you once more in our midst.

"Signed on behalf of the Faculty of the Western University."

Dr. Arnott expressed his hearty thanks for the address and for the unvarying cordiality and kindness during his eight years' residence in London.

### Meetings of Medical Societies.

#### CANADIAN MEDICAL ASSOCIATION.

##### TWENTY-FIRST ANNUAL MEETING.

PARLIAMENT BUILDING, OTTAWA, ONT.,  
September 12th and 13th, 1888.

Dr. J. E. Graham, Toronto, President, took the chair at 10 o'clock, and formally opened the twenty-first annual meeting of the Canadian Medical Association. In introducing Dr. George Ross as President-elect of the Association, he expressed the great pleasure it afforded him in doing so, and said:—"I think we can congratulate ourselves upon the prospect of having a very pleasant and profitable meeting, and upon the fact that we have selected as President for this year a gentleman who is in every way capable of fulfilling the duties of that office. Dr. Ross is one of the leaders of the profession in the largest city of the Dominion, and his reputation is not alone confined to that city, but to the Dominion at large."

Dr. George Ross (Montreal) then took the chair.

The Secretary, Dr. James Bell (Montreal), read the minutes of the last meeting of the Association, which were approved of.

##### ELECTION OF MEMBERS.

The following gentlemen, having been duly proposed and seconded, were unanimously elected members of the Association:

Dr. Allen Baines, Toronto, Ont.; Dr. W. l'Anson, Ottawa; Dr. M. C. McGannon, Brockville; Dr. Thos. Potter, Dr. W. C. Cousens, Dr. B. F. Hurdman, Dr. S. Wright, Dr. C. J. H.

Chipman, Dr. A. H. Horsey, Dr. J. W. Shillington, Dr. W. F. Graham, Dr. C. P. Dewar, Dr. W. H. Klock, Ottawa; Dr. T. L. Brown, Melbourne, Que.

##### SELECTION OF OFFICERS FOR SECTIONS.

The following gentlemen were selected:—

Chairman of Medical Section, Dr. Bray, Chatham.  
" Surgical Section, Dr. Cameron, Toronto.  
" Obstetrical and Gynecological Section, Dr. Trenholme, Montreal.

##### GENERAL BUSINESS.

Dr. J. E. Graham pointed out that, last year, a committee was appointed, the object being to endeavor to further the interests of this Association, and to present a report at this meeting, but that owing to the absence of Dr. Stewart, ex-Secretary, in Europe this summer, nothing has been done by that committee. He said that it was felt that this Association was not in such a flourishing condition as it ought to be, and that it did not hold the sympathy of the profession throughout the Dominion; also, that the By-Laws are found to be very deficient. He, therefore, suggested that another committee be appointed with the view of bringing in a report at the next annual meeting that would be of advantage to the Association.

Dr. Roddick moved, seconded by Dr. Bray, that Dr. Graham, Dr. Ross (President), the President-elect, the Secretary and Treasurer, form the committee. —Carried.

##### RECIPROCITY OF REGISTRATION.

Moved by Dr. Girdwood, seconded by Dr. Rodger, that a committee be appointed, consisting of Drs. Wright, Campbell, Sullivan, Bray, Eccles, Milne and himself, to ascertain the feeling of the different Medical Councils of the Dominion, upon what terms reciprocity of registration may be obtained between the different provinces and the mother country and other colonies.

He stated that on making inquiry in regard to reciprocity of registration with Great Britain, he was informed that before registration could take place, it would be necessary to have an

Order-in-Council passed making a new law of reciprocity of registration applicable to Canada. Reciprocity takes place between Great Britain and Australia, and he thought that we might very fairly have reciprocity of registration between Great Britain and this colony. He also remarked upon the want of harmony existing between the Medical Councils of the different provinces in not allowing members to practise in any province in the Dominion.

Drs. Bray, Mullin, Campbell, Sheard and Cousens spoke in discussion.

Motion carried.

The President read his address. (See page 309.)

A vote of thanks for his able address was moved by Dr. Workman, seconded by Dr. Campbell.

Sir James Grant spoke in support of the motion, which was carried.

The meeting adjourned until 2 o'clock.

JAMES BELL, M.D., *Secretary*.

*Approved.*

GEO. ROSS, M.D.

#### NOMINATING COMMITTEE.

The meeting of the Nominating Committee took place immediately after the adjournment of the general meeting.

On motion of Dr. Bray, seconded by Dr. Sweetland, Dr. Campbell was elected chairman.

The following members of the committee were present:

Drs. Roddick, Graham, Bray, Sweetland, Church, Mullin, Smith; Dr. Ross, President; Dr. James Bell, Secretary.

#### ELECTION OF OFFICERS.

*President of the Association:*

The committee recommends that Dr. H. P. Wright, Ottawa, be elected President for the ensuing year.

*Secretary:*

That Dr. James Bell, Montreal, be re-elected Secretary.

*Treasurer:*

A letter of resignation from Dr. Sheard was read by the Secretary.

That Dr. W. H. B. Aikins, Toronto, be appointed Treasurer.

The committee recommend that the resignation of Dr. Sheard as Treasurer be accepted, and that a hearty vote of thanks be passed to him for his services during the past seven years in that capacity.

#### *Local Vice-Presidents:*

The committee recommend that the following be elected:

Ontario . . . . .	Dr. C. Sheard, Toronto.
Quebec . . . . .	Dr. F. W. Campbell, Montreal.
New Brunswick . .	Dr. Graham, Bathurst.
Nova Scotia . . . .	Dr. Ed. Farrell, Halifax.
Manitoba . . . . .	Dr. Lynch, Winnipeg.
British Columbia .	Dr. J. M. Lefevre, Van- couver.
N. W. Territories .	Dr. Jukes, Regina.
P. E. Island . . . .	Dr. Jenkins, Charlotte- town.

#### *Local Secretaries:*

Ontario . . . . .	Dr. Griffin, Hamilton.
Quebec . . . . .	Dr. A. N. Worthington, Sherbrooke.
New Brunswick . .	Dr. Kellar, Fredericton.
Nova Scotia . . . .	Dr. Webster, Wolfville.
Manitoba . . . . .	Dr. A. H. Ferguson, Win- nipeg.
British Columbia .	Dr. Milne, Victoria.
N. W. Territories .	Dr. Oliver C. Edwards.
P. E. Island . . . .	Dr. McLaren, George- town.

The committee recommend that the next annual meeting be held at Banff, N.W.T., in the early part of August, 1889.

That \$100 be granted to the General Secretary.

F. W. CAMPBELL, *Chairman*.

#### MEDICAL SECTION.

Dr. Bray, Chatham, in the chair.

It was moved, seconded and carried, that Dr. Sheard, Toronto, be appointed Recording Secretary.

Dr. H. P. Wright, Ottawa, was then called upon to read his

#### ADDRESS IN MEDICINE,

but being absent, Dr. Canniff, Toronto, was asked to read his paper upon



THE DUTY OF THE MEDICAL PROFESSION UNDER  
THE PUBLIC HEALTH ACT OF ONTARIO.

(See page 321.)

A telegram was received from him stating his inability to be present, and

Dr. Mills, Montreal, was called upon to read his paper on

THE INFLUENCE OF THE NERVOUS SYSTEM ON  
THE NUTRITIVE PROCESSES.

He began his subject by referring to a synopsis of a paper read by him last year on a new basis of improved cardiac pathology, which developed the theory that all the nutritive processes were constantly under the influence of the nervous system. He explained metabolism as the molecular life of protoplasm, and regarded the organic action of the nervous system, or nerve with the tissue element, as regulating these processes. He proved that nerves going to bone, on being divided, caused atrophic changes in the bone; a change called by Charcot, acute necrobiosis. He also referred to certain affections of the skin following nerves, which he traced to similar nervous lesions. He spoke of the cause of death in animals, after section of the vagi nerves, as being due to pneumonia, which was an inflammatory process due to the severance of the nerve connection. On birds, section of nerves in connection with the heart was followed by its fatty degeneration. He discussed the influence of the trigeminus nerve, also the inhibitory fibres, and sympathetic fibres, due wholly to such interference with nutrition. He referred to the emotions, and their influence on vital processes as being such, and also dwelt upon the training of athletes, stating that over-exertion called into play, and used up, the residual nerve-force.

Dr. Mills' paper was discussed by Dr. Playter of Ottawa, and Drs. Sheard and Graham of Toronto. Dr. Graham asked Dr. Mills to explain the influences to the cause of accelerated heart's action. Dr. Mills promised to do so after he heard Dr. Graham's paper.

Dr. Small, Ottawa, also spoke in reference to the nervous influence on the movements of the amoeba, and Dr. Campbell and others took part in the discussion, to all of which Dr. Mills replied satisfactorily.

Dr. Wright, Ottawa, then explained the absence of any Medical Address, as he did not clearly understand what the meeting expected of him.

The Section then adjourned to meet at 10.30 a.m., Thursday.

CHARLES SHEARD, M.D., *Secretary*.

SURGICAL SECTION.

Dr. Clarence Church, Chairman.

Dr. Proudfoot, Montreal, read notes of a case of

EXCESSIVE HEMORRHAGE AFTER CATARACT EX-  
TRACTION, INTO THE ANTERIOR CHAMBER  
OF THE EYE.

No anæsthetic was used, and no iridectomy made. Pressure was made over the globe by compress and bandage, which were removed next morning, owing to great pain, and an atropine solution dropped into it. Hemorrhage continuing, pressure was re-applied with boracic acid lotion, and morphia given for the pain, which was very severe. Hemorrhage continuing, on the eleventh day, enucleation was performed, and on dividing the globe, the point from which the hemorrhage came was found to be in the retina. No reason could be given for the troublesome hemorrhage, excepting that the patient was very plethoric and a drunkard. No discussion followed the reading of this paper, and the Section adjourned to meet at 10.30 a.m., Thursday.

A. H. HORSEY, M.D., *Secretary*.

OBSTETRICAL AND GYNECOLOGICAL  
SECTION.

Dr. Trenholme in the chair.

Dr. Alloway, Montreal, read a paper on

THE INDICATIONS FOR AND COMPARATIVE MERITS  
OF EMMET'S AND SCHROEDER'S METHODS OF  
OPERATING UPON THE CERVIX UTERI.

This paper gave rise to an interesting discussion upon the subject.

Dr. Gardner spoke in favor of Schroeder's operation as compared with Emmet's in cases of extreme hypertrophy of the neck, and inflammation of the mucous membrane. It enables disease to be removed where Emmet's fails, on

account of the stitches being unable to approximate the edges together after an operation.

Dr. Trenholme favored Emmet's operation in all cases, except in very extreme ones of hypertrophy and inflammation accompanied by glandular of the follicles where Emmet's operation was not available, but thought that in very few cases would this be found necessary, if the tissue was pared away well towards the cervical canal, leaving a narrow border by which tissue could be obtained. Pressure upon the hypertrophied parts afterwards would lead to the formation of the natural cervix. In no case were we warranted in amputating the cervix, if it could be avoided.

The general sense of the meeting was that it was indebted to Dr. Alloway for bringing the subject up, and that the operation of Schroeder should be resorted to only in extreme cases.

## SECOND DAY.

THURSDAY, Sept. 13th, 1888.

The meeting opened at 10 o'clock. Dr. Ross, President, in the chair.

Dr. G. H. Oliver, Delegate to the Association from the Medical Society of the State of New York; Dr. Wallis Clark, of Utica, N.Y., and Dr. Imrie, of Detroit, Mich., were introduced by the President, who, on behalf of the Canadian Medical Association, welcomed them.

Dr. Henderson, Kingston, President of the Ontario Medical Society, was invited to a seat upon the platform. He expressed the pleasure it afforded him to be present at this meeting, and said that as the representative of the Ontario Medical Association, he felt sure that any friendly sentiments conveyed to that Association through him, would be heartily reciprocated. It will always be his duty to promote that unity and concord which should exist between the Ontario Medical Society, the local societies, and this Dominion Association. He referred to the re-formation in Kingston, a short time ago, of the Cataraqui Medical Society, which is now affiliated with the Ontario Medical Society, and which has sent two delegates to this meeting, and hoped that such a society will be formed in Ottawa, and elsewhere, with

the view of forming a connecting link between the local society and this Association.

The following gentlemen were elected members of the Association:

Dr. W. J. Burns, Caledonia.

Proposed by Dr. Sheard, seconded by Dr. Bell, Montreal.

Dr. Wallace, Metcalfe.

Proposed by Dr. Bell, seconded by Dr. Sheard, Toronto.

Dr. Preston, Carleton Place; Dr. Lynch, Almonte; Dr. Munro, Perth.

Proposed by Dr. Grant, Perth, seconded by Dr. Horsey, Ottawa.

Dr. Sutherland, Valleyfield, Quebec.

Proposed by Dr. Sheard, seconded by Dr. Bell.

Dr. Burns, Almonte.

Proposed by Dr. Baird, Pakenham, seconded by Dr. Sweetland, Ottawa.

Dr. Milne, Victoria, B.C.

Proposed by Dr. J. E. Graham, seconded by Dr. Mullin, Hamilton.

The President referred to the great pleasure of seeing present a representative from such a distant province, and, upon the suggestion of Dr. Proudfoot, invited Dr. Milne to a seat upon the platform.

Mr. Davis, Chelsea, Quebec.

Proposed by Dr. Hurdman, seconded by Dr. Potter, Ottawa.

## REPORT OF NOMINATING COMMITTEE.

On motion of Dr. Bray, seconded by Dr. Sheard, the report of the Nominating Committee was received and considered clause by clause.

The committee recommended that Dr. H. P. Wright, of Ottawa, be elected President for the ensuing year.—Carried unanimously.

That Dr. James Bell, Montreal, be re-elected Secretary.—Carried.

That the resignation of Dr. Sheard, as Treasurer, be accepted, and that Dr. W. H. B. Aikins, Toronto, be appointed to that office.—Carried.

Dr. Proudfoot, Montreal, moved, seconded by Dr. Trenholme, Montreal, that the thanks



of the Association be tendered to Dr. Sheard, for the long and valuable services rendered to the Association as Treasurer.—Carried unanimously.

Dr. Mullin having called attention to the fact that no allowance was made to the Treasurer for travelling expenses, etc., it was

Moved by Dr. Bray, Chatham, seconded by Dr. Burns, that the travelling and other expenses of the Treasurer, Dr. Sheard, for this year, and that of 1887, be defrayed by the Association.—Carried.

The names submitted by the Committee for Local Presidents and Secretaries were carried unanimously.

On the suggestion of the committee that the next annual meeting be held at Banff, a general discussion ensued.

Invitations were extended to the Association to hold its next annual meeting at London, Toronto, and Victoria, B.C.: and a letter received by Dr. Ross from Lucius Tuttle, Passenger Traffic Manager of the Canadian Pacific Railway Company at Montreal, dated September 11th, 1888, was read, stating that if the Association desire to meet at Banff, a trip will be given from Montreal, or from other stations in Ontario or Quebec, on the line of the Canadian Pacific Railway, to Banff and return—first-class, including a double berth in the sleeping-car for each person, meals in the dining-cars on the way, west of Montreal and back, and four days' living at the Banff hotel, for a round sum of \$95, and that similarly low rates will be made from other points in Canada, and, as far as possible, from cities in the United States.

Dr. Walker, Dundas, moved in amendment to the report of the committee, that the Association meet next year at Toronto to receive the President's address, and then adjourn to meet at Banff for the transaction of other business. Dr. Horsey, Ottawa, seconded the amendment.

Dr. Mullin, Hamilton, moved in amendment to the amendment, seconded by Sir James Grant, that the next meeting of the Association be held at Toronto, on such date as may be deemed advisable by the officers of the Association; and that, in addition, an excursion to

Banff be organized by them, to take place immediately after the meeting.

The amendment to the amendment, and the amendment to the report of the committee, were lost on a division, and the recommendation of the committee carried, that the next annual meeting be held at Banff in the early part of August, 1889.

Dr. Bray, Chatham, moved, seconded by Dr. Trenholme, Montreal, that the Executive make satisfactory arrangements with the railway authorities for members to go to the end of the line.—Carried.

Dr. H. P. Wright, Ottawa, thanked the Association for the honor conferred upon him in electing him President for the coming year.

The meeting then adjourned to meet in sections.

JAMES BELL, M.D., *Secretary*.

*Confirmed,*

GEO. ROSS, M.D.

#### MEDICAL SECTION.

THURSDAY, Sept. 13th, 1888.

Dr. Bray in the Chair.

Dr. J. E. Graham, Toronto, was called upon to read his paper on

#### A CASE OF EXTREME RAPIDITY OF THE HEART'S ACTION.

(See page 324.)

Dr. Mills explained, *in extenso*, the influence of the cardiac nerves upon the heart's action, dealing mainly with the sympathetic and vagi. He spoke also of embolism in the coronary arteries as a possible cause of such acceleration. He referred to blood pressure, as slowing the heart's action rather than accelerating it.

Dr. Sheard discussed the case, and suggested embolism, or toxic matter in the blood, as a possible cause for such acceleration, and referred also in commendation of digitalis as a method of treatment, particularly the infusion of digitalis.

Dr. Mullin thought it was an important case, and had direct bearing upon the importance of acceleration of the heart as affecting a life insurance risk. He would like to ask Dr. Graham what influence he thought such acceleration of the heart would have in shortening the ordinary duration of life.

Dr. Milne, Victoria, also spoke, referring to a case of modified heart's action associated with tetanus, and stating that such cases were evidently due so a close association between the nervous and cardiac action.

The section then adjourned to meet at two o'clock.

CHARLES SHEARD, M.D., *Sec.*

#### AFTERNOON SESSION.

Dr. R. P. Howard, Montreal, read an interesting paper on

##### OPHTHALMOPLÉGIA EXTERNA,

illustrated by diagrams. He spoke of a case of ophthalmoplegia externa and interna, and explained as a cause the close association of the cerebral centres, and the extension of the disease from these.

He referred to cases recorded where both ophthalmoplegia externa and interna had been caused by hysteria. He noted also the association of this condition with locomotor ataxia and pseudo-hypertrophic muscular paralysis. He was convinced, however, that ophthalmoplegia externa could exist without such association. He discussed also the relation of syphilis to this ocular disease.

Dr. Howard's paper was commended very highly by Dr. Graham, of Toronto, who spoke as to the very great rarity of such cases.

Dr. Stewart, Montreal, also spoke in reference to it.

The paper of Dr. Campbell, Seaforth,

MYXEDEMA, WITH REPORT OF A CASE, was taken as read, and accepted.

Dr. Playter, Ottawa, read a paper on

A FEW FACTS RELATIVE TO COMMUNICABLE DISEASES IN MAN AND ANIMALS, ESPECIALLY AS BROUGHT OUT AT THE RECENT PARIS CONGRESS AND BRITISH MEDICAL ASSOCIATION, REFERRING PARTICULARLY TO TUBERCULOSIS.

His paper was listened to with much attention, and was discussed.

The Medical Section then adjourned.

CHARLES SHEARD, M.D., *Sec.*

#### SURGICAL SECTION.

Only one paper was read at this session, that by Dr. Fenwick, of Montreal, upon

##### RETROPHARYNGEAL TUMORS.

The operation is formidable, and its literature rather scanty. Dr. Cheever, of Boston, Mass., appears to have been the first who operated on these tumors. Velpeau operated in 1836 on a large tumor, operating by the mouth, doing the common artery first. The patient died on the seventeenth day. Dr. Fenwick was early convinced that operating from the outside is the correct method. These tumors are usually sarcomatous or cancerous, and in a large majority of cases recur. Dr. Fenwick then proceeded by diagrams to illustrate Dr. Cheever's method by cutting from without. A long, straight incision is made, beginning on a level with the lower border of the ear, and extending down the neck in the line of the great vessels. If sufficient room is not thus given, he makes a transverse incision from the straight incision across the jaw. The jaw is not divided, the vessels and nerves are drawn aside, and the tumor enucleated in the usual way. Czerny's operation is modified from Cheever's. He opens the trachea, and keeps up respiration in this way during the operation. He divides the jawbone between the second and third molar, and in getting down to the tumor, has to sacrifice the chief nerves and vessels in that region. He then removes the tumor with a hot knife. Dr. Fenwick then described his own operation by a curved incision following tolerably well the line of the angle of the jaw. In two cases, the operation was easy, no vessels or nerves of importance were divided, except the facial nerve in one case. The bleeding in both cases was practically nil.

Dr. Sheard thought that distinction ought to be made between cancerous and sarcomatous tumors. He thought cancerous tumors, which were not neglected, required a more serious operation, and that more room should be given as they could not be removed solely with the finger without dissection.

The section then adjourned until two o'clock p.m.

R. P. POWELL, M.D., *Sec.*



OBSTETRICAL AND GYNECOLOGICAL  
SECTION.

Dr. Smith, Montreal, delivered his paper upon SOME MINUTE BUT IMPORTANT DETAILS IN THE MANAGEMENT OF THE CONTINUOUS CURRENT IN THE TREATMENT OF FIBROID AND OTHER DISEASES OF THE UTERUS.

He insisted upon the attention to the antiseptic treatment, and upon performing all the operations with care. The results in his own hands had been very satisfactory. He recommended the electrode of Dr. Inglemann in preference to Apostoli's clay electrode. The different forms of electrodes of sounds were shown, and that of Martin he favored most, as being the least expensive, and, at the same time, serving the purpose. He referred to the necessity of exact dosage, and the after care of patients where much electricity had been used.

This paper led to a very interesting discussion as to the field for which it was intended to be useful.

Dr. Trenholme, Montreal, favored an antiseptic method apart from irrigation, simply advising that the vaginal passage be washed out with soap and water, and a plug of antiseptic cotton left in contact with the cervix, when the sound was removed.

Other members took part in the discussion. The session was then brought to a close.

## AFTERNOON SESSION.

Dr. Bell, of Montreal, read a paper on

## EXOSTOSIS BURSÆ,

in which he gave the notes of a case which he believed to be the only one reported by an English-speaking surgeon.

Dr. Shepherd, Montreal, referred to the great rarity of the disease, and drew attention to the explanation which was offered of the existence of floating catilages in the joints.

Dr. Shepherd followed with a paper on

## MANIA FOLLOWING OPERATIONS.

He reported six cases.

Dr. Bell, in the discussion which followed, related two cases, in one of which he attributed mania to the use of iodoform. He asked if there were any cases on record due to iodoform.

Dr. Buller related his experience of one case of mania following the operation of a cataract.

Dr. Dickson, of Pembroke, asked Dr. Shepherd, if mania from iodoform would be apt to occur in the use of the drug when applied to small surfaces.

Dr. Shepherd replied that the danger would be greatest when iodoform was applied to a large surface, as for instance, to the anterior of a large abscess cavity.

Dr. Buller then made a few remarks on

## PENETRATING WOUNDS OF THE EYE-BALL.

Dr. Proudfoot related a case of a penetrating wound of the eye-ball produced by a pen. He agreed with Dr. Buller as to the urgency of an immediate and prompt treatment, and cleansing the wound.

In reply to Dr. Dickson, Dr. Buller advised, for the control of inflammation, the application of cold, to be changed to warm applications, with antiseptic solution of bi-chloride of mercury, one part in 10,000, and one or two doses of 10 or 15 grains of antipyrin.

Dr. J. Stirling, Montreal, followed with a paper on

## SOME EYE SYMPTOMS DUE TO CEREBRAL LESIONS.

Dr. Buller said that in cases of fracture of the orbital plate, the blindness may be due to infiltration of blood in the sheath of the nerve, and reported a case which had occurred in his practice of that nature.

Dr. A. Laphorn Smith's paper on

THE TREATMENT OF VARICOCELE AND ORCHITIS  
BY THE ELECTRICAL CURRENT OF TENSION.

was then read; also a paper by Dr. Smith on

A CASE OF RESILIENT STRICTURE OF THE  
URETHRA CURED BY ELECTRICITY.

Dr. Dickson inquired if Dr. Smith had ever used the treatment in neuralgia, sciatica, or enlarged prostate.

Dr. Buller suggested the decomposition of water as an easier method of determining which is the negative pole.

Dr. Smith in reply to Dr. Dickson, said that the use of a continuous current would probably prove useful in the enlargement of the prostate.

In reply to Dr. Church, Dr. Smith said

that his cases had been under observation for a considerable time, and certainly after a lapse of three years might be considered cured.

Dr. C. Dickson, Kingston, said that in his large experience in the use of electricity in neuralgia, he had found the negative pole of tension often increase the pain, especially if any neuritis existed.

J. W. PICKUP, *Secretary*.

#### GENERAL MEETING.

THURSDAY, 6 o'clock p.m.

Dr. Ross, President, in the chair.

The minutes of the last session were read and approved.

Moved by Dr. Milne, Victoria, B.C., seconded by Dr. Sweetland, Ottawa, that in view of the apparently increasing prevalence of tubercular disease in domestic animals, more especially in cows, it is the opinion of this Association that it is desirable that some legislative action should be taken by the Dominion Government to check the progress of this disease, and we urge that the Government take this matter under their consideration at as early a date as possible. Carried unanimously.

Dr. Mullin moved, seconded by Dr. Smith, that the cordial thanks of this Association be tendered to the members of the profession in Ottawa, for the courteous manner in which they have treated the Association, and its members individually.

It was moved by Dr. Sheard, seconded by Dr. Pickup, that the thanks of the Association be tendered to the railway and steamboat companies for travelling privileges accorded to members of the Association. Carried.

Dr. Fenwick moved, seconded by Dr. Sweetland, that the thanks of the Association be tendered to the Dominion Government for the use of the Railway Committee Rooms for the purpose of holding the present meeting. Carried.

On motion of Dr. Mullin, Dr. Wright, President-elect, took the chair.

Dr. Sheard, Toronto, in moving a vote of thanks to Dr. Ross, retiring President, said that he was sure that all the members of the Association appreciated the whole-souled manner in which Dr. Ross acted in the position of President of the Association. Much is due to Dr.

Ross for the success, the vitality and the perseverance which has characterized, and which has blessed the Dominion Medical Association, and he hoped that he might be long spared to give us his guiding counsel.

Dr. Church, Ottawa, seconded the motion, which was carried unanimously.

Dr. Ross thanked the Association for the vote of thanks tendered him, and said that as regards the Association he had always felt indeed a very keen interest, and had always endeavored to do his share in supporting its interests. With reference to the coming year, the President's duties, according to our present regulations, only begin with his presidency over the Annual Meeting of the Association. I may, therefore, be of some service to the Association in assisting in making the next Annual Meeting a success, and as we have come to a decision as regards the place of meeting, I hope that members will use every endeavor to be present, and to make the meeting a successful one. Every exertion should be made to attract a large number of our Canadian graduates who are now scattered throughout the North-Western States, and a number of American physicians, to the next Annual Meeting at Banff.

Dr. Sweetland, Ottawa, was appointed Auditor.

On the motion of Dr. Mullin, Hamilton, the thanks of the Association were tendered to Dr. James Bell, Montreal, for his valuable services as Secretary.

The twenty-first Annual Meeting of the Canadian Medical Association was then brought to a close.

JAMES BELL, M.D., *Secretary*.

#### Book Notices.

*Exophthalmic Goitre.* By AUGUSTUS A. ESNER, A.M., M.D. Prize Essay, Jefferson Medical College, 1888.

*Transactions of the Medical Association of the State of Missouri at its Twenty-First Annual Session, held at Kansas City, Mo., April 17, 1888.* St. Louis: F. E. Carreras, 117 Locust Street.



*How to Study Botany.* By T. J. W. BURGESS, M.B., F.R.S.C. Read before the Hamilton Association May 10th, 1888.

*Electricity vs. Tait; or, the use of Electricity in Inflammation as found in Gynecology.* By GEO. F. HULBERT, M.D., late Superintendent of Female Hospital, St. Louis. (Reprint.)

*The President's Address delivered at the Eighth Annual Meeting of the Ontario Medical Association.* By J. W. ROSEBURGH, M.D., of Hamilton. Hamilton: Times Printing Co. 1888.

*Report of the Eye and Ear Department of St. Mary's Hospital and St. Mary's Face, Eye and Ear Infirmary. For the four years ending June 1st, 1888.* (Reprint.) Geo. S. Davis. 1888.

*Excessive Venery, Masturbation and Continence—their Etiology, Pathology and Treatment, including Diseases resulting therefrom.* By JOSEPH W. HOWE, M.D., late Professor of Clinical Surgery in Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, Visiting Surgeon to Charity and St. Francis Hospitals.

*A New Edition of the United States Dispensatory.* J. B. Lippincott Company take pleasure in announcing that a new edition of the United States Dispensatory is now being bound, and will be ready in a few days. The revision has been thorough, and not merely the addition of a supplement. More than one-third of the book, or nearly eight hundred pages, is entirely new matter, while the whole work has been most carefully rewritten. The National Formulary has been incorporated.

*Transactions of the Michigan State Medical Society, Twenty-third Annual Meeting, held in Detroit, June 14th and 15th, 1888.* George Duffield, M.D., Secretary.

The Publication Committee, composed of Drs. Geo. Duffield, W. P. Manton, F. W. Brown, C. G. Jennings, and F. W. Mann, are to be congratulated upon the early appearance and admirable arrangement of the transactions of this flourishing society.

## Personal.

Dr. H. O. Marten has removed to Detroit.

Dr. Primrose has located on Simcoe Street.

Dr. Spilsbury has commenced practice on College Street.

Dr. W. Harley Smith is practising at 260 Spadina Avenue.

It is mentioned that Dr. Anderson, of Hamilton, will remove to Toronto.

Rumor states that Dr. Brown, of Galt, is shortly to join the medical army in this city.

Dr. J. McCallum has been appointed Associate Lecturer in Medicine in the Woman's Medical College.

Dr. Lehmann, formerly of Mitchell, has returned from the Continent, and secured the residence of the late Dr. Archibald, on Spadina Avenue.

The following gentlemen were selected as delegates to the Ontario Medical Association at the last meeting of the Michigan State Medical Society, viz.: Drs. J. J. Mulheron, Donald McLean, A. Kaiser and Conrad Georg.

At the August meeting of the Board of Examiners the following Physicians from Canada were granted certificates to practise Medicine and Surgery in California State: Dr. Lafayette Bently (Trinity, '81), Lugonia; Dr. David Dufresne (Victoria), San Diego; Dr. Robert S. B. O'Brien (McGill, '83), San Francisco; Dr. J. W. Rowan (Trinity, '88), Murietta; Dr. George B. Rowell (McGill, '84), San Bernardino.

## Miscellaneous.

ANOTHER REMARKABLE VERDICT.—A coroner's inquest in Memphis was called to sit upon the case of a woman whose skull was found to be cracked so as to expose the brain. No autopsy was ordered and no expert testimony was asked for from physicians, the jury in its wisdom deciding that the woman "died suddenly from a natural cause, produced by an expansion of the skull."—*N. W. Lancet.*

THE VENEREAL WARDS OF THE VIENNA HOSPITAL.—A correspondent of the *Maryland Medical Journal* states that it makes a strange impression on an American to go, for the first time, through the syphilis wards with the professor. Arranged in long rows, upon their backs, in bed, with nothing covering them from their knees to their navels, lie the men, ready for examination. Standing around with various implements and dressings are five or six active women, awaiting orders from their lord and master, the professor. The men are not allowed to touch themselves, so with their hands under their heads they lie there with anxious faces awaiting the next development in the treatment. Truly, it is a comical sight, this mixture of the sexes under the circumstances.

IMPORTANT NOTICE TO PHYSICIANS. — We take this method of denouncing the circulation of certain erroneous reports, as being the outcome of either ignorance or malice. We have no connection whatever with the firm of H. H. Warner & Co., of Rochester, who make "Safe Remedies" and other patent medicines. Our advertising is to the Medical Profession, and our products (Warner & Co.'s) have been used and held in high esteem by the most eminent doctors during the past thirty years in the United States and in foreign countries wherever introduced. The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations in the most correct, stable, compatible, palatable and convenient manner, by the aid of skill acquired by years of practice and experience. It is necessary to specify Wm. R. Warner & Co. to avoid substitution of cheap and inferior brands.

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THE JANITOR AHEAD.—*Philosophy is not all Nervousness.*—Dr. Garretson had concluded a lecture in which the resurrection of the body was discussed from a physiological standpoint, argument being directed to show that the astral of theosophic language is quite as much a form of matter as is the corpus of an anatomist, and that thus it is alike philosophical to both deny and accept that man rises again. Arguments of

the kind would necessarily soon perplex one unacquainted with premises on which the order of reasoning is founded. So it is not to be wondered at that one of the hearers of the lecture, the colored janitor, who is more apt to be found inside than outside the door on the occasion of these discourses, gave up and sought relief in his broom and dust brush.

"Too much for you to-night, was it, Hamilton?" asked a student passing the janitor in the hall.

"See here, boss," said the janitor, "dem was big words, and no doubt clar enuf to de boys, but what's you got to say to dis dat I hurd down to Zion t'other night:

" 'If a man sits down on a pin  
Its sartin sure that he'll rise agin.' "

It is not reported what the student said. — *Med. Times.*

## Births, Marriages, and Deaths.

*Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.*

### BIRTHS.

MEWBURN.—At Lethbridge, N.W.T., September 6th, 1888, the wife of Dr. Hamilton Mewburn, of a son.

OLVER.—September 23rd, at Medicine Hat, North-West Territory, the wife of Albert Olver, M.D., of a son.

### DEATHS.

CARR.—At Stoney Creek, on September 16th, Mary, wife of Leeming Carr, M.B., and daughter of James Harrington, Ancaster.

MCCONNELL.—At his residence, corner Bathurst and Adelaide streets, on Sunday, Sept. 16, 1888, Dr. John Stuart McConnell, aged 50 years.

ROSS McLACHLIN.—On July 27th, aged 5 months and 8 days.

BRUCE McLACHLIN.—On September 9th, aged 6 months and 21 days.

Infant twin sons of Dr. R. W. Bruce Smith, Seaforth, Ontario.

WATT.—At residence of James Cleland, Meaford, Mary Watt, wife of Hugh Watt, M.D., of Baskerville, British Columbia.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, NOVEMBER, 1888.

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### Original Communications.

#### VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S. ENG.,

Professor of Midwifery and Gynecology, Trinity  
Medical College.

The treatment of this much-dreaded disease, by whatever plan adopted, is most unsatisfactory; the mortality is very large, and a very great proportion of them recur; so that any new plan of treatment ought to be hailed with delight by every surgeon who has the misfortune to come in contact with this most terrible disease. Pathology has not yet revealed to us its true nature, but I firmly believe some day some remedy will be discovered to cure this complaint. At present, there are two very opposite and distinct theories held in regard to its nature: one, that it is originally a local disease curable by early removal; the other, that it is a constitutional disease, and that local treatment avails but little if at all.

It is not my intention to enter into this much-disputed ground, suffice it to say that my own experience is, that the treatment of this malady, no matter what plan is pursued, is highly unsatisfactory. The treatments to-day in vogue are the knife, galvano-cautery, caustics and internal treatment. I do not doubt that here and there an isolated case has been cured

by some one or more of these combined methods. Still your patients, in spite of your best efforts, have gone from bad to worse, and finally died. I know of but two cases of cure in my own practice which are alive to-day, after a lapse of ten or twelve years after operation, and why these two cases? Simply because I was fortunate enough to see them early, and in operating to get beyond the *diseased tissue* into good sound tissue, and in this manner I removed the whole disease. But how difficult it is to know when you have got beyond the diseased limit into sound tissue, and yet how important this is, how careful we should be to thoroughly examine, not only the uterus, but the structures beyond the pelvis, the glands and everything in the immediate vicinity of the disease. This is the reason why high amputation of the cervix has frequently failed to do any benefit to the patient—the surgeon has not got beyond the disease. In this respect, complete removal of the whole organ offers a much better chance to the patient. The naked eye readily recognizes the disease *in situ*, but we have to depend on the touch for anything beyond. A recent valuable publication by Stratz, gives the following points as characteristic of cancer:

1. A slightly excoriated surface, rough to the touch and readily bleeding, sharply defined from the surrounding healthy tissue. The surface is granular, and of a yellowish red color.
2. A swollen dark red proliferation of one lip, extending into the external os, very readily

bleeding and sharply defined, slight yellowish discoloration, granular surface only at certain points.

3. Broad, pale, yellowish-red excoriation, sharply defined from surrounding mucous membrane, which is slightly inflamed at border, very faint granular appearance, whole surface bleeding readily. The whole of the malignant area is on a deeper level than the remaining part of the cervix. The border of the normal tissue is somewhat hard to the touch. The parts which he holds to be characteristic of cervical carcinoma are: (1) sharp definition at all points from the healthy tissues; (2) a difference in level between the diseased portion as a whole, and the healthy parts; (3) a slightly yellow color of the cancerous portions; (4) the appearance of yellowish-white, glistening, granular bodies over the whole or part of its surface.

In spite of all this, it is very difficult to say when you have really got beyond the diseased structure. Let me invite your attention to the various forms of treatment with their results, so as to compare them with the results of hysterectomy.

We all remember Mr. Clay's startling announcement a few years ago, that chian turpentine administered internally was a sure and certain remedy for cancer of the uterus. I tried the treatment faithfully in some twelve or fifteen cases, and not one recovered. I must, however, admit that it relieves pain, checks hemorrhages, and lessens the offensive discharges, but when I have said this I have said all I can in its favor.

*Caustics* of all sorts have been tried. I have tried them. I have never seen a single cure in any case. Offensive, broken down tissue has been removed, the patient made somewhat more comfortable, but the disease has gone on to its fatal issue. Lately I have used the milk of avelog; it is no better than any other caustic.

Now, in regard to the cutting operations, when the disease has spread so extensively as to have involved the vagina to such an extent as to prevent the entire removal of the uterus, I am still in favor of an operation with the knife, the scissors, the sharp curette, and subsequently the thermo-cautery. Much good

can be done, a large quantity of putrid, offensive tissue can be removed, the patient made more comfortable to herself and friends, her life perhaps somewhat prolonged, but no cure will result. When the disease is seen early, and when the disease is limited to the cervix alone, high amputation offers a tolerably fair hope of success. *Baker's operation*—My own two cases, already recited, were thus operated on; but the difficulty is to know how far to cut, when you are beyond the diseased tissue. It is impossible to answer this with any certainty. You are operating entirely on chance that you have gone beyond the disease, and for this very reason, then, I think the whole uterus should in every possible instance be removed entirely, so as to give the woman the best possible hope of recovery.

Abdominal hysterectomy (Freud's operation) was resorted to for this very purpose, but the results have been so very fatal, that the operation is to-day absolutely abandoned as unwarrantable. We come now to consider the subject of my paper, viz., *Vaginal Hysterectomy and its Results*. My own personal experience in this operation is so limited that I do not pretend to speak with any authority on the subject; my reading, however, in this direction has been very extensive, and, for my own part, I am convinced that this operation above all others, in properly selected cases, offers the very best chances of cure.

The statistical reports of the results at present are not, I will admit, just as favorable as they ought to be, but still they are rapidly improving. The opponents of this operation will not admit that the death rate is improving. It is a new operation, or at least an old one revived, and deserves, I think, every encouragement and trial. Compare the reports of ovariectomy to-day with those of twenty years ago, and see the marvellous improvement. Who would have thought then that it would ever have reached its present stage of success? How many thousands of lives have been saved! And why should not vaginal hysterectomy reach the same stage of perfection? Almost every unfortunate woman the sufferer of cancer of the uterus dies. At present the average duration of life Simpson gives as two to two and a half years; Tehert, sixteen



months ; West, fifteen months ; Barker, three years and eight months. Then if this operation offers a minimum chance, I say she ought to have the benefit of it. I believe there is a great future in store for this operation, and those who to-day are denouncing it, will be forced ere long to recognize it as one of the legitimate operations in surgery.

In removing the whole uterus and appendages, we at least hope to have removed the whole disease. It does undoubtedly recur; the pelvic glands have become infected previous to operation, and it is of course a very difficult matter, in all cases, to detect this previous to operation.

In Fritsch's sixty cases, there had been no recurrence in two at the end of three years ; in seven at the end of two years ; in seven at the end of one year, and in three at the end of ten months (*Mundé*). Martin reports eight cases after hysterectomy without relapse, varying from two and one half to five years.

At the Berlin Clinic, of forty-six cases reported by Hofmeier, twenty-one were free from the disease one year after operation. While this does not show absolutely cure, yet I think it is as good showing as after amputation of the breast. At least the patient has had a time of comparative comfort. Another point, I think, is that even though the disease has returned, it has not been in the vagina, but in some one of the internal organs, and the patient has died a death free from pain in a great measure, and free from the terrible, offensive discharges and hemorrhages which make her almost unbearable to herself and friends. I think this question of recurrence will also greatly improve, because the operation will be done earlier, before the pelvic glands have become contaminated. The average death-rate, from all sources is about twenty-eight per cent. If, however, we take the report of individual operators the showing is better, thus : Martin, of Berlin, gives sixty cases, thirteen deaths, equal to 21.7 per cent. This question of percentage is very difficult at present to decide. One writer reports four cases and two deaths, and calls the death-rate fifty per cent., while another reports forty cases which have all recovered, and speaks of the percentage as next to nothing. I have seen it recorded as

low as eight per cent. and as high as sixty per cent. The first recorded case we have was done in 1820 by Dr. Blundell, of London, England ; the operation fell into disuse, and we are indebted to the German surgeons for its revival, Schroeder particularly. I do not pretend for one moment to claim that all cases operated on will get well, or will not have the disease return again, but I believe at present it offers the best chance to the woman. For the operation to be successful the diagnosis requires to be made early, the vagina should not be involved to any great extent, the uterus should be perfectly movable and the broad ligaments and pelvic glands free from infection ; with such a condition of affairs I shall in every case give my patient the benefit of the operation, and I think we can hold out a reasonable hope, if not of cure, at least of prolongation of life.

This operation is not confined entirely to malignant disease of the uterus, it has been done for procidentia uteri, fibrous tumors, dysmenorrhœa, neuralgia, convulsions, etc. I do not endorse all this, on the contrary, it appears to me so serious an operation that it should not be undertaken for some of the diseases I have here mentioned. Let me now invite your attention to the steps of the operation. The patient should previous to the operation have the bladder and rectum emptied. Placed under either ether or chloroform on her back in the lithotomy position, the hips well over the table and in a good light. Before commencing wash out the vagina well with a solution bichloride, so as to remove all mucous and disinfect the vagina. Having all the necessary instruments ready, transfix the cervix anterior lip with a good stout piece of ligature and leave a long loop, so as to give you a good command over the uterus in drawing it down. All things being ready, before you draw down the cervix, with the eye mark accurately the junction of the vagina with the cervix, because you wish to make just at this point the division of the vagina. I consider this step in the operation very important, because if traction is made on the cervix without locating the vaginal junction the natural position of the parts is displaced, and your first incision is very apt to be made too high up, and if so, you

are in great risk of wounding the bladder. I wish to draw the attention of operators particularly to this apparently trivial point, and yet one I think of great importance. With a pair of long-handled scissors now separate the vagina all round till the broad ligaments are reached, which are to be left undisturbed. This is a very important part of the operation. It enables you to draw down the uterus into the vagina much lower than you could prior to this step. The vulva must be kept open with a pair of lateral retractors. It is very important to keep close to the cervix anteriorly, as you very rapidly reach the bladder, and if not careful it may readily be opened. Another reason for this is to avoid the ureter, which enter the bladder just above the middle of the anterior vaginal wall. The wounding of this organ necessitates the removal of the kidney, which, of course, makes the operation a most serious undertaking, and the only way of avoiding this is to keep close to the cervix, proceed cautiously, using the finger to assist in separating the bladder from the anterior surface of the cervix. With your finger you can also detect the artery of the ureter which accompanies it. This dissection is not to be made at the lateral sides of the cervix at all, as you wish strictly to avoid the attachments of the broad ligaments. Very soon the finger will enter the peritoneal cavity in front, and you can feel the fundus of the uterus covered over by the smooth peritoneum. Having now detached the whole of the anterior portion, you proceed to do the same posteriorly. You again keep close to the cervix, so as to avoid wounding the rectum. Very soon you enter into Douglas' *cul de sac*, and the whole posterior surface of the body of the uterus can be felt. During this dissection you may have considerable, though not alarming, hemorrhage. Having completely separated the anterior and posterior attachments, some operators retrovert the uterus and bring down the fundus. This is not necessary; and another objection is, you cause the diseased cervix to enter into the peritoneal cavity. The next important part is the dividing of the broad ligaments and securing them against hemorrhage. Some operators do this by means of ligatures passed by the aid of a large curved needle armed with a long

strong ligature, including a small portion tying it and then dividing it; it is a long, tedious and slow process. The best method is to include the whole, or as much as possible, of the broad ligament in a long pair of snap forceps, by inserting one finger in front and another behind the broad ligament; you slip the forceps into position, carefully excluding the ureter, and then clasp them firmly; you now divide the broad ligament with the scissors, and if the whole of the ligament has not been included in the grasp of the first pair of forceps, you put on a second pair, and complete the division. The uterus thus being freed on one side from its lateral attachments, comes right out of the vulva, and you proceed to treat the opposite side in the same way, which is much more easily done. Having now removed the uterus, search must be made for any bleeding points, which ought at once to be secured. The cavity should be carefully sponged out; stitching of the peritoneum is quite unnecessary. It is now recommended to plug the vagina with iodoform gauze. I did so in my case, but I think it is unnecessary, and will not do so again; it is rather a hindrance to drainage, and gives the patient a good deal of pain removing it. The patient is to be put to bed and treated on ordinary principles. At the end of forty-eight hours it is recommended to remove the forceps; I think they might quite safely be removed in twenty four hours, still their presence in the vagina is no discomfort to the woman, and they form a most efficient drainage. The tissue included in the forceps subsequently sloughs. Vaginal douches may or may not be used. At the end of about four weeks the whole cavity has closed, and the patient can be allowed to get up a little each day.

I shall now briefly describe a case in which I have recently operated.

Mrs. R., aged fifty-six, mother of seven children, ceased menstruating at fifty-two, consulted Dr. Baines in July, 1888, complaining of hemorrhage and great pain in the region of the uterus, and having lost a great deal of flesh. On examination he found she had an exuberant fungous mass protruding from the cervix, bleeding readily on being touched, and breaking down easily under the finger. He diagnosed cancer. I might also say



the discharges were highly offensive. I saw her in consultation, and confirmed his diagnosis. Placing before the patient her probable chances of early death, and explaining to her fully the nature of the operation, and with her consent we decided on vaginal hysterectomy, which I performed on 6th August, the operation lasting thirty minutes. She lost very little blood at the operation and rallied well. In fifty hours I removed the four pairs of forceps I had used at the time of operation. The highest temperature reached was  $101^{\circ}$ . She made a good and uninterrupted recovery, and returned to her home four weeks after the operation. Up to the present time she is steadily improving in health, without any signs of the return of the disease. It now remains to be seen what will be the ultimate result.

As I have already stated, I do not claim a cure absolutely, but I do think her chances are better under her present condition than under any other operation I could have submitted her to. The disease was removed early, and I hope with the entire removal of the whole uterus that the whole disease has been removed.

191 Simcoe Street.

### CERTAIN EYE SYMPTOMS OF INTRACRANIAL ORIGIN.

BY J. W. STIRLING, M.B. (EDIN.), ETC., MONTREAL,

Member of Ophthalmological Society of the United Kingdom, etc.

(Read before the Canadian Medical Association at Ottawa, September 12th, 1888.)

The subject of my paper has to do chiefly with that well-known, and perhaps rather threadbare, subject, the "Abnormal limitations of the field of vision, such as hemianopsia, hemiachromatopsia, scotomata." These limitations, in the light of some discoveries by Willbrand and others, are indeed of clinical importance to the general practitioner, as well as to the specialist, in helping to localize cerebral lesions. I purpose within the limits of a short paper to run over these investigations briefly, and illustrate them by some cases which have come under my notice. I may precede my notes by a *résumé* in brief of the anatomy of the visual tracts. The optic nerves proceeding backward from the orbit undergo partial decussation at

the chiasma, hence the fibres form the optic tracts which, continuing backwards, bend round the cerebral peduncles. So much for the gross anatomy—now as to the minute anatomy. At the chiasma the fibres from the two tracts so arrange themselves that the left tract supplies fibres to the left portion of each retina, and the right tract, the right portion of each retina; the fibres for the nasal portion of both retina occupying the anterior part of the chiasma, as has been evidenced by certain pathological lesions in this region.

1. The tracts at the anterior corpora quadrigemina give off the so-called spinal root which enters the medulla without the intervention of gray matter.

2. Certain fibres of origin come from the optic thalamus and anterior corpora quadrigemina, the corpora geniculata forming ganglia intercalated in the course of certain of the fibres.

3. Fibres from the tegmentum of the crus.

4. A broad band of fibres passes from the origin of the tract backwards to the occipital lobes and cuneus. It is called the optic radiation of Gratiolet, and leads to the psychoptic centre, which is located in the occipital lobes and cuneus.

Other connections of the tracts exist, too numerous to mention here; indeed Gratiolet goes so far as to affirm that they are connected with every convolution from the frontal to the occipital. Some fibres are ganglionic arising from the basal ganglia, and some cortical arising from the cortex, both uniting to form the tracts. As of import may be mentioned certain fibres which originate in the motor areas of one cerebral hemisphere, and cross in the corpus callosum, enter the outer capsule and join the tract directly.

Finally, it is assumed that both maculæ luteæ are connected with both cerebral hemispheres. . . .

Lesions of the optic nerve associated with monocular blindness and pupillary dilatation are not uncommon, but I will cite as an example of a class of these cases by no means common, the following:—

J. P., aged 45, seen March 12th, complains of loss of sight in left eye. About New Year he

slipped on the ice and fell, striking his forehead above the left orbit, was at that time treated for fracture of the skull. Three weeks later the vision began to fail, and has steadily got worse ever since, until now absolute blindness exists.

Examination revealed a deep depression over the left orbit at junction of inner and middle thirds, extending from the edge of the orbit one and a half inch upwards: deep palpation can also distinguish a depression in the roof of the orbit extending backwards in the direction of the optic foramen. Ophthalmoscope showed haziness of edges of disc, with beginning atrophic pallor.

These cases of fracture of the orbital bones extending into the optic foramen set up a retrobulbar neuritis followed by atrophy, or cause atrophy by pressure of exudation, etc.

Coming now to the chiasma as the seat of lesions, I will mention a case of the rare condition of paralysis of the inner halves of both retinae, which occurred during my appointment at the Royal Infirmary, Edinburgh. It was under the charge of Dr. G. A. Berry:

W., aged 23. Patient was nearly moribund at the time of examination, from some obscure nervous lesion. The poor vision of the patient and his depressed state prevented any very full examination, but the entire absence of the temporal halves of both fields of vision was very marked, *i.e.*, paralysis of the inner portions of both retinae. The patient died shortly after, when the *post-mortem* revealed a tumor the size of a small hen's egg occupying the position of the pituitary body and involving nearly the whole chiasma.

Another case I have now under treatment, of evident lesion at the chiasma:

W. J., age 42. Came to me in February complaining of poor vision in the right eye, and total blindness in the left eye. Sight began to fail in the left eye two years ago, for the past six months this eye has been totally blind, the right eye began to fail eighteen months ago, but for the past eight months there has been no change. No history of syphilis, but an alcoholic one. State:

O. S. No p. l.

O. D. Temporal side of field wanting, nasal side, counts fingers at twelve feet. Here the

anterior portion of the chiasma is mainly affected together with the adjacent portion of the left tract or left nerve, very possibly by a gliomatous growth.

Cases of blindness of corresponding portions of both fields of vision are almost invariably associated with lesions in the optic tract, or cerebral centres in the occipital lobes. The distinguishing point of the one from the other being the condition of the pupillary reaction to light. For lesions in front of the anterior corpora quadrigemina are associated with dilatation and loss of the reaction of the pupil to light, as it is at the anterior corpora quadrigemina that the spinal root is given off to the reflex centre for contraction of the pupil, which is considered to be in the medulla. Lesions posterior to the anterior corpora quadrigemina, are associated with retention of the pupillary reflex and no mydriasis, although the patient may not have perception of light. The experiments of Curschmann, Haab and others, have conclusively proved the existence of a unilateral innervation centre for corresponding portions of both retinae. The lesions in pathological sections have been found to occupy the first, second and third occipital lobes, and the cuneus. The second and third being considered by Nothnagel to be mainly the seat of optic memory.

Munk excised the occipital lobes of one hemisphere of a dog, causing paralysis of the same side of the retina. On excising the occipital lobes of both hemispheres, although the animal was totally blind, yet the pupil reacted readily to light.

Schæfer has found that on excising all of the occipital lobes except the very lowermost layer, (in a monkey) that complete paralysis of the retina existed, except its lower portion, *i.e.*, only the upper part of the field of vision remained. Important aids in localising these lesions may be obtained by the collateral symptoms, *e.g.*, seat of pain, depression in skull, abnormal phenomena in areas supplied by other nerves, etc.

Willbrand has very ably drawn a number of inferences from the aggregate of symptoms observed in a large number of occipital lesions.

1. That in corresponding areas of the fields



of vision, the light sense can not be reduced without the perception of form and color also suffering.

2. That perception of form and color can be affected without the light sense suffering.

3. That the color sense may alone be affected, the other senses escaping.

4. That perception of form cannot be affected without the color sense also being affected.

Upon these data, he formulated the following theory :

1. The cortex cerebri of the psycho-optic centre in the occipital lobes is divisible into three superimposed layers, in the outermost of which resides the color sense, in the middle the sense of form, and in the innermost the sense of light.

2. Now as the fibres of Gratiolet run straight from the optic tract to the very periphery of the cortex cerebri, it is evident they must penetrate all these layers.

Now taking any one fibre, it is evident that a lesion in its course in the area of the innermost layer will prevent it functionizing in the middle or outer layer, or again a lesion of it in the middle layer will prevent it functionizing in the outer layer, although the inner escapes ; and, lastly, the fibre may be affected in the outer layer alone.

Last winter I had an example of the color area alone being affected, a very rare condition.

W. K., age 30. Symptoms of G. P. of the insane.

Vn.  $\frac{3}{4}$ , pupils active.

Fundus normal.

Field for general Vn. free, but total color blindness existed on the left side of both fields, *i.e.*, the right occipital lobes were affected. There was also slight facial paresis of the left side, only noticeable on smiling. Patient complained of occasional occipital headaches.

The following is interesting, as being evidently of meningitic origin :

F. S., age 30. About a year ago while skating he fell and struck the back of his head, five days later severe meningitis set in. He was unconscious for four weeks, and on recovering consciousness was completely blind ; but since this sight has been gradually returning. Patient has still occasional severe occipital headaches.

Examination shows only pallor of right disc, and vessels rather diminished.

Vn. L. E. Jaeger 16  $\frac{8}{16}$ .

R. E., fingers 10 feet.

Both fields limited concentrically, the right most markedly, and wanting entirely to the left and downwards. Pupils react readily to light. The irregularity of fields, reaction of pupils, and seat of pain, point to the occipital region as the seat of the lesion. I have not heard for some little time from this patient, but it is likely the field continued to improve as long as the meningitic exudation kept on absorbing.

In conclusion, I think these few notes may be of service to the general practitioner in helping him to localize cerebral lesions, by studying the field of vision, which can be approximately done without any special instrument. To recapitulate :

1. Are corresponding areas of both fields affected ? If so the lesion is behind the chiasma, in the tract or occipital region. If corresponding areas not affected, then the lesion is in the chiasma, nerve, or eye itself.

2. Is the pupillary reaction to light lost ? If it is and the pupil dilated, the lesion is anterior to the anterior corpora quadrigemina. If it is retained, the lesion is behind the corpora quadrigemina.

873 Dorchester Street.

## SUPRAPUBIC LITHOTOMY.

BY K. N. FENWICK, M.A., M.D., KINGSTON,

Professor of Obstetrics, Royal Medical College.

As this subject is at present exciting considerable attention, the following successful case may be of interest to the profession :

T. S., aged 47, suffered for the past ten years from irritability of the bladder, sudden arrest of micturition, and occasional hæmaturia. He had been treated medicinally for several years, but a correct diagnosis had never been made.

When he consulted me in April last, a careful examination, by means of the sound, discovered a stone. I advised an early operation, and decided upon the suprapubic method.

On April 16th, assisted by Dr. Dupuis, the

patient was placed under ether, the bladder emptied of urine and injected with a warm solution of boracic acid. The largest size Barnes' dilator was inserted in the rectum and distended with warm water.

An incision was made over the hypogastric region about three inches long, reaching to the pubes, when the distended bladder came into view. To make sure of the incision into the bladder, I passed a No. 16 sound without allowing any of the boracic solution to escape, and cut down on the point of the instrument.

A silk ligature was then passed through the upper edge of this bladder wound, to prevent the bladder receding during the subsequent steps of the operation.

The sound was then withdrawn, the bladder wound enlarged, and the stone, which turned out to be an oval mulberry calculus about one inch long, was removed from the bladder by the finger. The bladder wound was then stitched closely with continuous catgut suture. The abdominal was also closed with continuous catgut suture, except at the lower part, where a small rubber drainage tube was inserted, but this was afterwards found to be useless, and was removed on the third day.

A soft rubber hose catheter was inserted in the bladder through the urethra, tied in and not removed until the eighth day. Strict antiseptic precautions were carried out during the operation, and the wound dressed antiseptically as after a laparotomy.

The urine was bloody for several days, but the patient never had any elevation of temperature, while the pulse kept normal, and the wound healed completely without a sign of pus. A few weeks afterwards he returned to his occupation, and expressed himself as feeling better than he had for fifteen years past, and to-day he is in excellent health.

While most of the authorities advise the bladder wound to be left open, and even a drainage tube to be inserted in the bladder to allow the urine to drain away, I thought that as Sir Wm. McCormack, in his cases of laparotomy for ruptured bladder, had stitched the bladder wound and closed the abdominal wound, the same treatment ought to hold good in suprapubic lithotomy.

## SEVERE BICYCLE ACCIDENT PERITONITIS HÆMATURIA—RECOVERY.

BY J. J. CASSIDY, M.D.

Having recently read, in the daily papers, of a fatal accident to a young man, caused by falling from his bicycle, I have thought that the report of the following case would be interesting to the readers of the PRACTITIONER.

June 8, 1888, 8 a.m. Saw A. M., aged 25. The patient was in bed at his lodgings and was suffering from shock; pulse irregular, surface of body cool. He informed me that while alighting from his bicycle, about an hour previous, his left foot had caught in one of the pedals of the wheel, and he had been thrown forward on the road. The parts of his body, which struck against the macadamized road were the umbilical and right lumbar regions. So severe was the shock that he could not speak and was unable to rise. Some bystanders helped him over to the sidewalk, where he remained for about a quarter of an hour. He subsequently endeavored to reach his lodgings, taking his bicycle with him, but looked so ill that an acquaintance took charge of the bicycle, while A. M. struggled on on foot, and finally reached his lodgings, which were about a mile from the spot where he had fallen.

I ordered complete rest in the recumbent posture, and prescribed morphine gr.  $\frac{1}{4}$  every four hours.

June 8th, 8 p.m. The patient, who had recovered from the shock, passed a considerable quantity of bloody urine. No pain in the region of the bladder, tenderness in the right lumbar region.

June 9th, 10 a.m. Temperature,  $100^{\circ}$ ; pulse, 100. Abdomen tympanitic and tender. The patient's mother arrived and began to nurse him. Milk diet. 6 p.m. Urine quite bloody—patient urinates twice a day. Treatment continued.

June 10th, 10 a.m. Temperature,  $103^{\circ}$ ; pulse, 129. Urine very bloody. Added to diet 4 oz. whisky per diem. 9 p.m. Temperature,  $101\frac{3}{4}^{\circ}$ ; pulse, 129. Complains of great distension of abdomen.

June 11th, 12 noon. Temperature,  $100\frac{1}{2}^{\circ}$ ;



pulse, 115. Urine is not so bloody as it has been, but, as before, after settling throws down a marked red deposit. 9 p.m. Temperature,  $100\frac{1}{4}^{\circ}$ ; pulse, 119.

June 12th, 10 a.m. Temperature,  $101\frac{1}{4}^{\circ}$ ; pulse, 119. The patient being unable to urinate, I passed a large silver catheter and withdrew about a pint of dark-colored urine.

June 12th, 6 p.m. Patient voided some dark-colored urine. Abdomen is not so tense, and patient can breathe more freely.

June 13th, 11 a.m. Temperature,  $100\frac{1}{4}^{\circ}$ ; pulse, 113. Passed catheter—a small clot was washed out with the urine. 9 p.m. Temperature,  $100\frac{1}{2}^{\circ}$ ; pulse, 119. Passed catheter—small blood clots continued to escape. Treatment continued.

June 14th, 10.45 a.m. Temperature,  $100^{\circ}$ ; pulse, 112. 8.30 p.m. Temperature,  $100\frac{1}{2}^{\circ}$ ; pulse, 117;

June 15th, 10.30 a.m. Temperature,  $100^{\circ}$ ; pulse, 107. 8.15 p.m. Temperature,  $101\frac{1}{2}^{\circ}$ ; pulse, 108. The urine still contains blood, and the catheter is required.

June 16th, 10.50 a.m. Temperature,  $99^{\circ}$ ; pulse, 100. 8.45 p.m. Temperature,  $99\frac{3}{4}^{\circ}$ ; pulse, 99.

June 17th, 10.15 a.m. Temperature,  $98\frac{3}{4}^{\circ}$ ; pulse 89. 8 p.m. Temperature,  $99\frac{1}{4}^{\circ}$ ; pulse, 88. I ordered the morphine to be discontinued, the whisky was also stopped and the patient confined to a milk diet. The abdomen is beginning to assume its natural contour.

June 18th, 10.30 a.m. Temperature,  $99\frac{1}{4}^{\circ}$ ; pulse, 95. Gave an enema—bowels moved. 9 p.m. Temperature,  $98\frac{3}{4}^{\circ}$ ; pulse, 97. Patient has had several motions.

June 19th, 10.30, a.m. Temperature,  $99\frac{1}{4}^{\circ}$ ; pulse, 97. As the urine still contained blood, I ordered one grain of acetate of lead, and gr.  $\frac{1}{8}$  of morphine three times a day.

June 20th, 11 a.m. Temperature,  $98\frac{3}{4}^{\circ}$ ; pulse, 95. Urine is not so deeply red as it was yesterday.

July 21st, 11.15 a.m. Temperature,  $98\frac{1}{2}^{\circ}$ ; pulse, 95. Urine still bloody.

June 22nd, 10.30 a.m. The urine is much clearer.

June 23rd, 11 a.m. Temperature,  $101\frac{3}{4}^{\circ}$ ; pulse, 117. The cause of this increase of tem-

perature was not evident. I stopped the acetate of lead and morphine. Gave an enema, and ordered gr. 15 quinine to be given in three doses of five grains each, one every four hours.

June 24th, 10.30 a.m. Temperature,  $98\frac{1}{2}^{\circ}$ ; pulse, 90; quinine, grs. 8 per diem.

June 25th, 10.15 a.m. Temperature,  $98\frac{1}{2}^{\circ}$ ; pulse, 87. The abdomen is now natural in appearance and is not tender.

July 2nd. The patient continues to improve; temperature,  $98^{\circ}$ ; pulse, 95. The pulse was taken in the sitting posture in bed. Four grains of quinine per diem.

July 11th. He was carried down stairs, placed in the city ambulance and sent home *via* Grimsby, per steamer *Greyhound*.

July 13th. I received the following postal card:—

“July 12th, 1888.

“Dear Sir,—Arrived home all O. K. Stood the racket much better than expected. Have commenced the slaughter on poultry—suppose I will crow shortly.

“Yours truly,

“A. M.”

The following points in this case are worthy of observation:—

1. The long continuance of hæmaturia, together with tenderness in the region of the right kidney, indicated a ruptured kidney.

2. The fact that the patient was able to walk a mile after so severe an injury is noteworthy.

3. Morphia in gr.  $\frac{1}{4}$  doses every four hours, rest, milk diet, and 4 ounces of whisky per diem were sufficient to master an attack of acute peritonitis.

4. Acetate of lead acted well in checking hæmaturia.

5. The air in the patient's lodgings was bad. A wholesale fruiterer occupied the ground floor, a harnessmaker the second floor, while the patient lay in a room on the third floor. The back yard was covered with a large quantity of decaying horse manure. The unsanitary condition of the flat in which the patient lay, may be surmised from the fact, that last March I treated three persons for diphtheria, who occupied rooms, adjacent to the one used by A. M. Fortunately for him, the weather, during his

illness, being very warm, the windows were kept open day and night. Still it is quite possible, that air, laden with decaying vegetable matter, was responsible for the rise in temperature on June 23rd.

119 Church Street.

### THE OFFICIAL GERMAN ACCOUNT OF THE ILLNESS OF THE LATE EMPEROR FREDERICK III.

ANNOTATIONS BY

G. STERLING RYERSON, M.D., L.R.C.S., EDIN.,

Professor of Ophthalmology, etc., in Trinity Medical  
College, Toronto.

In the September number of the PRACTITIONER I criticised this official pamphlet. I will now endeavor to translate and extract from this mass of verbiage the clinical history of the case.

The first "Bericht," or report, is that of Dr. Gerhardt. He states that the late Emperor consulted him first on the 6th of March, 1887, when he made a laryngoscopic examination, and found at the edge of the left vocal chord, near its middle, a small growth of irregular shape. It was visible during inspiration, and on production of sound also showed itself between the chords. It appears that the Prince had been hoarse since January. The diagnosis made was polypoid vegetation. Dr. Gerhardt attempted to remove it with cutting forceps, but failed. Then galvano-cautery was used. The cauterization was severe, so much so that it was decided to give the august patient an absolute rest from treatment. Accordingly he was sent to Ems. About this time Dr. Gerhardt began to be suspicious of malignancy. His Imperial Highness returned to Potsdam, May 15th. His hoarseness was worse than ever, and the growth had increased in size. The entire interior of the larynx was reddened. The left vocal chord did not act promptly, nor was its excision as great as the other. Prof. Von Bergmann was then called in consultation. After examination, he proposed immediate laryngotomy, on account of its *possible* malignancy.

After further consultation, it was decided that a laryngologist should be called in. The attendants hitherto had been general practitioners, or surgeons. Several names were mentioned, among others that of Mackenzie. In the meantime Prof. Tobold had been called in. He examined throat, and by a process of *exclusion* decided that it must be a malignant growth. All preparations were made for the laryngotomy. Mackenzie arrived on the 20th May. He examined the larynx carefully, and immediately declared that he did not consider it cancer, as the entire appearance was not that of cancer. He expressed himself as opposed to such a serious operation as laryngotomy *as long as the microscope failed to show the malignant nature of the growth*. All agreed to this postponement. On the 21st Mackenzie removed a small piece of tissue, which was submitted to Virchow, who stated that it was an irritative growth, and contained but a single nest of concentrated epithelial cells. It was then claimed by the Germans that the portion submitted to Virchow was not a portion of the tissue itself. So on the 23rd, another piece was removed. Gerhardt then accused Mackenzie of injuring the right chord with his forceps, and states that from that time the august patient was speechless until some time during his visit to England. On June 8th further pieces were removed. Virchow declared them to be papillary growths, combined with epithelium, pachydermia verrucosa. Still Von Bergmann insisted that it was epithelioma, and advised thyrotomy.

Much space is taken up in the report with defending this view. The Germans declare that about this time they had lost all confidence in Mackenzie—1st, on account of his uncertainty in the manipulations in the larynx (*sic*); 2nd, through his unscientific and arbitrary theory, giving no credit to Virchow; 3rd, on account of the way the press treated the German physicians after Mackenzie's arrival in Berlin. Really the report is most tiresome reading. Perpetual wrangling is the prevalent tone. Gerhardt then goes on to deny that it is possible by irritation to change the character of the growth. It is stated that the Germans were quite unprepared for the news that Mackenzie intended to take



the Prince to the Isle of Wight. However, he succeeded in his nefarious (from a German standpoint) design, and was accompanied by Dr. Landgraf, who was sent to report proceedings to the German surgeons left behind in Berlin. Landgraf desired Mackenzie to submit any proposed change of treatment to Dr. Wagner before it was carried out, but this he refused to do. Then comes the celebrated trip to Italy; the events at San Remo; the difficulties with the canula after tracheotomy; the great consultation with Schrötter, Schmidt, Kussmaul, etc., and the Prince is told that he must die.

Finally, on Friday the 15th June, the end comes, and next day the *post-mortem* was held, the result of which may be briefly stated thus:

Cancerous destruction of the larynx with secondary infiltration of the lymph glands on the left side. A cutaneous outgrowth on the right side near the wound. Pharynx unaffected. Extensive destruction of the upper portion of the windpipe and its neighborhood. Numerous bronchiectases with putrid contents. Bronchopneumonia with gangrenous points.

FROM THE "TORONTO MAIL," OCT. 13, 1888.

Dr. Mackenzie's history of the case of the late Emperor Frederick contains twenty one illustrations, showing the condition of the Emperor's larynx at different periods, pictures of the various canula used in the later stages of the case, the measurements made by Dr. Hovell with a view of proving the position of the tracheotomy wound, and lesions which are alleged to have followed the attempts of Prof. Bergmann to push the canula into the windpipe. Sir Morell Mackenzie deals solely with the medical aspects of the case, without touching on political questions. He denies the allegation that he deceived his Majesty as to his condition, and states that he can bring forward unimpeachable proof of this assertion. With regard to the charge made against him by Prof. Gerhardt, of having wounded the right vocal chord in his second operation, Sir Morell points out that such an accident is almost impossible with his forceps. He has never known it to occur even to beginners, and as a matter of

fact, in the case of Emperor Frederick, there was no objective signs of such an injury having been inflicted, nor did the august patient afterwards complain of any pain or discomfort, such as he must have felt if the supposed wound had had any existence outside of Prof. Gerhardt's imagination. Prof. Gerhardt's fruitless cauterizations on so many consecutive days are condemned in the strongest terms as utterly unexampled in medical practice, and as being likely to irritate the disease, if originally benign, into malignancy. Interesting details are given as to the heroic fortitude with which the Prince received what was in fact a sentence, not only of death, but prolonged suffering at San Remo. Amusing sketches are also given of the attitude of the various physicians who took part in the consultation. On that occasion, Dr. Schmidt, so far from thinking that the case was one of cancer running a normal course, maintained in opposition to all others that the disease was specific, a notion which Prof. Schrötter characterized as an old wife's tale. Notwithstanding this, Dr. Schmidt took an early opportunity of expressing the same opinion in a public lecture at Frankfort, an indiscretion which caused the greatest annoyance to the Prince. The statistical portion of the book exhibits the results of twenty-two cases of thyrotomy for cancer, only two of which were successful; of thirty-five cases of partial excision of the larynx, only one of which was successful, and of one hundred and thirty-eight cases of total extirpation, only eight of which were successful.

Dr. Mackenzie states that after the Emperor's death an attempt was made to entrap him into a false position, and it was therefore stated that no *post-mortem* examination should be made. Dr. Mackenzie was urged to write his opinion as to the nature of the disease, doubtless in the hope that, thinking himself safe from exposure, he would answer ambiguously, but he disconcerted his enemies by declaring the disease cancer of the larynx.

60 College Avenue.

TUBERCULOSIS.—The demonstration of tubercle bacilli is decisive, for they occur in the sputa of no other disease.—(*Eichorst.*)

## A CASE OF PROGRESSIVE MUSCULAR ATROPHY,

In Toronto General Hospital, under the Care of

A. M'PHEDRAN, M.B.,

Lecturer in Clinical Medicine, University of Toronto.

(Reported by Mr. J. B. GAMBLE, Clinical Clerk.)

A. G., aged 31, admitted to the hospital September 24th. His family and personal histories are both good. He was a merchant in a village; failed last April, losing all he possessed. This caused him much distress. In June, he went to Grasse's Point, on Lake Simcoe, and built a small house, in the construction of which he worked very hard. At night he frequently slept on the ground with nothing but a buffalo robe round him—he suffered from cold and dampness. Owing to his mental worry he was often very sleepless, for which he drank large quantities of whisky.

Towards the latter part of July, he noticed that his right hand became unsteady, particularly when lifting or carrying. The two middle fingers of this hand became somewhat stiff. Hands tired easily, especially the right. In the beginning of August he noticed that he had difficulty in reaching for things on high shelves, though he could use his arms fairly well at lower positions. He found some difficulty in buttoning his clothes; had some pain in arms and hands; sometimes the shoulders felt stiff. His arms gradually became worse till the latter part of August, since which there has been little change. His arms were never large, and therefore he did not notice any wasting.

*Present condition.*—Arms are almost completely helpless; when patient stands they hang laxly at his side, and he is unable to lift them; he can use his hands to a certain extent; they show a sluggish circulation. On examination, muscles of hands have a flabby feeling, though they are not apparently atrophied, except in metacarpal spaces posteriorly. Muscles on back of forearms are greatly wasted and completely powerless, so that fingers cannot be extended. Flexors are only slightly affected, grip fair, pronation and supination poor. The triceps are much wasted, but still have some power; the biceps greatly wasted and almost powerless;

the deltoids completely atrophied and quite powerless, as are also the infraspinati; the supraspinati are much wasted; the trapezius, pectoralis major, and muscles of the spine are little, if at all, affected. In all these muscles, except those completely atrophied, mechanical irritability is much increased, light taps on them causing marked contraction of the fibres struck. Spontaneous fibrillary contractions are also present in most of them, especially the pectoral muscle. "Tendon reflex" of the triceps is greatly increased; of biceps and of the extensors of the wrist, *nil*. There is no disturbance of cutaneous sensation, but the affected muscles are sensitive to pressure. There is no tenderness along the course of the nerves.

The lower extremities are not wasted or weak. He walks well without tiring, though much walking causes considerable pain in the legs. The muscles are highly sensitive to pressure, the knee jerk is much exaggerated, no ankle clonus. There are no bladder or bowel symptoms.

To the faradic current there is no response in the deltoids, infraspinati and the muscles on the back of the forearm. The other muscles named respond feebly in proportion to their wasting. On galvanization the same muscles give response, weak but normal in character.

*Treatment.*—Nitrate of strychnine was ordered to be given subcutaneously, beginning with gr.  $\frac{1}{80}$  once daily, to be gradually increased to  $\frac{1}{40}$ .

*Remarks.*—This man presents fairly typical symptoms of progressive muscular atrophy. The disease begins probably more frequently in the hands than the shoulders. As in this case, weakness usually first attracts attention, especially if it begin in parts covered by the clothing; soon the atrophy is discovered and both progress together, the weakness being caused by and proportional to the atrophy. One arm does not suffer long before the other becomes affected, usually also in the corresponding muscles. When the disease spreads to the forearms, the flexors and supinators nearly always suffer first; in this man these muscles, except the supinators which have little power, are but little affected while the extensors are quite atrophied. The spontaneous fibrillary contractions and the mechanical and electrical irritability are such as occur



in chronic spinal muscular atrophy; also the sensitiveness of the muscles to pressure is often present in this disease.

It is to be noted that the condition of the forearm is the same as that occurring in lead poisoning, the paralysis and wasting affecting only the muscles supplied by the musculospiral nerve. This is rare but not unknown, as cases have been met with in which progressive muscular atrophy has begun in the extensor muscles of the forearm.

These changes in the muscles depend on a slowly progressive degeneration of the large multipolar cells of the anterior cornua of the cervical portion of the spinal cord, *i.e.*, that portion of the cord from which the nerves supplying these muscles arise. There is also degeneration of the motor nerve fibres springing from these multipolar cells. According to Gowers ("Diseases of the Nervous System"), there is usually also sclerosis of the lateral tracts of the cord; and to this sclerosis is due the exaggerated reflexes of the triceps, the patellar tendon and others. These cases of progressive muscular atrophy in which there is excessive tendon reflex, with more or less spasm of the muscles, especially of the lower extremities, have been separated by Charcot into a distinct disease, and designated "amyotrophic lateral sclerosis." Gowers is of opinion, however, that there is probably some degeneration of the lateral tracts in all cases of progressive muscular atrophy, and that, therefore, a second class with a distinctive name should not be made, simply because the lateral sclerosis happens to be extensive, and the consequent spastic paralysis marked. The classification of Gowers' certainly renders the subject more easy of comprehension.

This disease has to be diagnosed for several affections that may closely resemble it. Subacute and chronic poliomyelitis may bear a close resemblance to it; but in all, except the most chronic cases, the paralysis precedes wasting, and there is usually the reaction of degeneration. Multiple neuritis is distinguished by more acute pains, by anæsthesia, and by less regular distribution. In pachymeningitis of the cervical region, with injury of nerve roots, with the wasting, there would also be the pain and anæsthesia.

"Idiopathic muscular atrophy" may present exactly the same conditions as are present in this case. It is, however, a very rare disease, usually affects several members of a family, runs a more chronic course, occurs mostly in childhood or youth, often affects the face and rarely the hand.

Many causes are assigned for this disease. Of the more frequent direct causes are mental distress and anxiety, and exposure to wet and cold, both of which existed in this case. They are the only ones that can be assigned.

*Prognosis.*—This is extremely unfavorable. The atrophy and paralysis usually continue to extend, implicating fresh groups of muscles till those of respiration are affected, and in the third stage bulbar paralysis develops. Occasionally the disease is arrested; this is most probable in those cases in which "the wasting is strictly symmetrical and nearly simultaneous on the two sides" (*Gowers*)—conditions which are fulfilled in this man's case. If arrested, the rapidly wasted muscles may recover somewhat, not so those whose wasting is of long standing, as their condition depends on complete destruction of nerve cells which cannot be restored.

#### EXTRACTS FROM AN ADDRESS DELIVERED AT THE OPENING OF THE WOMEN'S MEDICAL COLLEGE.

BY DR. N. A. POWELL, TORONTO.

It is my pleasant duty to offer a cordial welcome to those of you who appear here as students. For this welcome to be more than a formality—to be without any equivocation or mental reservation whatever—I should know something of the spirit in which you come. Once a good lady from Connemara, whose throat I was treating, said to me, "Arrah! God bless you, Doctor—if you cure me!" A welcome as well as a benediction can be made conditional.

If your idea is that you are to attend a session of lectures more or less interesting and not too tedious; to put in a winter's reading that shall not differ too widely from your past perusal of the current fiction of the day, wet, as Ruskin has said, as so much of it is, with the latest spray

from the fountain of folly; to have these experiences repeated, and later to enter a profession that shall give to you social standing and wealth, and shall not be unpleasantly exacting in the demands which it makes upon you, then I have no words of welcome for you. Fortunately it has so far been the case in Ontario that the profession of medicine has been selected by women only after the most careful deliberation. Too often lightly taken up by your brothers, with nearly all who have preceded you in our school there has been present something like a feeling of consecration to this as a life work. I have been glad to recognize this, and hope it may deepen and broaden rather than grow less. If you have not an abiding conviction that the one thing in this world for you to do is to help sick people to get well and well people to stay so, then for your own sake and for humanity's sake choose some other calling. Do not wait till failure in this profession forces you to seek some other means of support. Endeavor to make very sure now at the start that this is your work. Individuals, like nations, have their missions. The Hebrew has taught the world social purity and the worship of one God: the Roman, legislation and law; and the Greek, the splendor of logic and art. So likewise each individual has a mission, a certain work for which best of all he is fitted. The great thing is to find your place and then to fill it well. One of our railway magnates has secured for two lawyers, who had failed teetotally, positions—one as a freight clerk and the other as a brakeman—and each is now working himself, with bright anticipations, toward the presidency of the road. Failure is more frequently due to misdirected ability than to lack of ability. Have you that training in logical acumen which will enable you to detect and eliminate the apparent from the real? Have you that habit of thinking that will enable you to reach conclusions by linked reasons and not by bounds or intuitions? Are you fertile in helpful resources, ready to confront emergencies, and supported by moral principles that will enable you to defy temptation? Are you aware that no other profession offers the same opportunity for wrong-doing without detection, and in none would you meet with so much to seduce your feet toward devious paths? Are you re-

solved to resist all evil solicitations and "press toward the mark for the prize of your high calling?" Can you bear all things, endure all things, hope all things? If so, I greet you with heartiest welcome! "Who knows but thou art come to the kingdom for such a time as this?"

"The holiest task by Heaven decreed,  
An errand all divine,  
The burden of our mortal need  
To render less is thine.  
  
Before the unveiled mysteries  
Of life and death go stand,  
With guarded lip and reverent eyes,  
And pure of heart and hand."

Continuing, the Doctor said:—Four elements of success in medicine are essential—knowledge, skill, accurate observation and correct reasoning. Wealth cannot insure success nor genius command it. It is to be obtained through patient, and perhaps painful, toil. They only triumph who work. You cannot have the brilliancy of genius without the weariness of toil. Tireless industry with fair ability will distance a genius that will not be tied to a daily routine of labor. Elsewhere I have tried to show that the chief causes of the failure of physicians within the range of my own observation have been three—laziness, liquor and licentiousness. Only the first of these will, of course, be counted in the dangers which assail you; but there are others to which you will be subjected. I do not now refer to dangers to life, such as you will meet in the treatment of diseases like diphtheria, but rather to the effects which the practice of medicine may have upon you as women. Each calling has its own peculiar dangers. When unguarded the merchant may fall into avarice and suspicion; the lawyer, "trained in every art to make the worst appear the better part," has a leaning toward duplicity; the clergyman gravitates toward dogmatism and bigotry; while the physician's besetting sins are carelessness and conceit. Against these let me warn you at the outset. Carelessness is midway between accident and design. Some students who have read with me have been careful naturally, while others have had to be trained to it.

The created universe can hardly show anything more exact and thoroughgoing than the household management of some of the women



of my acquaintance. Remember the words of Dr. Emmett, "Success in the treatment of the diseases of women lies wholly in attention to minute detail," and it will help you to correct any careless tendencies in your future work. Watch also the work of those who are doing the best antiseptic surgery, and you will come to recognize the fact that that beneficent system, developed by Sir Joseph Lister and his followers, is in its practice like a hanging chain. Let but a single link give way and the whole chain falls to the ground. I know of no better training in carefulness than the honest and conscientious application of this antiseptic principle to the treatment of every wound you make or dress.

On the other hand, the charge is sometimes heard that women are essentially trivial and petty in their ways of thinking—not apt to grasp the totality of complex subjects or cases. I have known practitioners who were not women, or at least not *young* women, to seize upon a single symptom and shut their eyes to all beside. It is quite unnecessary that one should enter into any argument to prove that in the sex that has given us the authors of "Aurora Leigh," and "Middlemarch," and "Uncle Tom's Cabin," and "Ramona," there will be found those who "see the distant tops of thought which men of common stature never see." \* \* \*

Having decided that you are fitted for the work, it may next be asked, Is medicine a calling worthy the consecration of your lives? Ever since from lips that spake as never man spake came the blessed words that gave to sightless eyes a vision of the glorious sunshine, to ears that had known no sound the music of birds and of the human voice, that restored strength to withered limbs and brought back life itself to a frame it had forsaken, the healing art has been Christlike and holy. It has often been pointed out that the followers whom He selected and sent out to win the world for His kingdom were commanded to heal the sick, and one, the most learned of them all, was the beloved physician, St. Luke. \* \* \*

Medicine stands for science, and, therefore, commends itself to women, since their natural inclination is supposed to be a little the other way. It is not and never will be an exact science. The problems presented for solution when life

and death are factors can never be solved by unvarying formulæ. It is none the less a true science, and will soon stand, if it does not already stand, pre-eminent among all the sciences which contribute to the real welfare of our race. \* \* \*

Medicine is an honorable profession. Alike in the highest civilization and the deepest barbarism its position has always been a commanding one. The Athenians esteemed it so highly that slaves and women were forbidden to practise it.

It is true that the coarse and brutal Roman bought and sold the physician as he did the artist and artisan in the shambles, but in the Augustine age he alone was emancipated and then ennobled, and his estates and income exempted from taxation. After you enter practice, may it happen that your income will increase so rapidly that when the assessor makes his annual visit, you will, with good reason, long for the return of the Augustine age.

The Florida Indians, according to the accounts of early voyagers, took not the medicine of the physician only, but they took the physician himself internally after death. All other bodies were buried, but his was burned, and its ashes, mixed with water, formed a most valued prescription. Certain of our western tribes were so anxious that their medicine men should reach a high standard, that they judged them by their success, and put them to death upon the loss of the third patient. No such wisely restrictive measure as this has as yet been adopted into our jurisprudence. \* \* \*

Medicine is a profession that is constantly improving. The lawyer is tied to his precedents and the parson to his texts, and so it has come about that neither of them is progressive. Law has made but little progress in the last hundred years, and our ministers have not got beyond trying to explain the Sermon on the Mount, but before the splendid progress of medicine the world stands amazed. Professional jealousies are less bitter than they used to be, and more kindly feelings prevail. One does not need to look through optimistic eye-glasses to see that within our ranks

"Love lights more fires than hate extinguishes,  
And men grow better as the world grows old."

Medicine stands for charity; not that so-called

charity which, out of an abundance of this world's goods, gives grudgingly that which it never misses, but the diviner quality taught by Him who gave Himself for others. In Lowell's beautiful poem Sir Launfal returning, old, poor, and worn from his search for the Holy Grail, finds another in his castle and himself an outcast. Parting his last crust with a loathsome leper, he sees before him stand the Lord Christ, and a voice that is calmer than silence speaks—

"Not what we give but what we share—  
For the gift without the giver is bare—  
Who giveth himself with his alms feeds three,  
Himself, his hungering neighbor and Me."

We are told that "all that a man hath will he give for his life," and yet it is of their own lives that medical men have been most generous. Come with me to New York city, and I can show you a simple tablet put up in loving remembrance of eighteen young physicians who died, one after another, while attending to a ship-load of emigrants down with typhus fever on quarantine island. No music of martial bands was needed to arouse their courage. Each saw his duty straight before him, and went to his death doing it. Peace, it is said, hath higher tests of manhood than battle ever knew. Out in lone farm-houses, by day and by night, deeds of quiet heroism are being performed by those whom you will soon hail as brothers. I could tell you of one who, with a lung half hepatized, struggled through night and sleet to be with a patient, and guard her from the dangers that threatened in the hour of her motherhood's advent. \* \* \*

"It is only," says Goethe, "with self-renunciation that we really begin to live." If to live and labor, and suffer for others, rising above self and selfish ends, is to live truly, then the medical profession, in its unwritten records, could furnish the histories of countless grand and noble lives.

What are its rewards? Not titles, nor honors, nor great wealth are before you; but it may be that you will win your way to something better than all these. You will not have always ringing in your ears the voice of Rachel weeping for her children because they are not, but will hear more frequently the sound of her glad rejoicings because they are restored to health and to

her. It may be yours to feel the happiness of the patriarch of old: "The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy."

As to the final reward, let us ask of those who have attained the prize. List while they speak:

"In life's uneven road

Our willing hands have eased our brother's load;  
One forehead smoothed, one pang of torture less,  
One peaceful hour a sufferer's couch to bless,  
The smile brought back to fever's parching lips,  
The light restored to reason in eclipse,  
Life's treasure rescued like a burning brand  
Snatched from the dread destroyer's wasteful hand—  
Such were our simple records, day by day  
For gains like these we wore our lives away,  
In toilsome paths our daily bread we sought  
But bread from heaven attending angels brought.  
Pain was our teacher, speaking to the heart,  
Mother of pity, nurse of pitying art;  
Our lesson learned, we reached the peaceful shore  
Where the pale sufferer asks our aid no more—  
These gracious words our welcome, our reward,  
Ye served your brothers; ye have served your Lord."

259 Simcoe Street.

## Selections.

### CARDIAC DYSPNŒA.

Fraenkel (*Berliner klin Wochenschr.*), in an address on this subject, says that dyspnœa appears in very different forms in the different heart diseases, depending on the nature of the affection. It is sometimes premonitory, but is then slight and only occasional; and disregarding this, we may distinguish two forms of severe dyspnœa, the *continual* and the *asthmatic*. The first is especially well seen in stenosis of the mitral valve. This lesion is the least apt to attain complete compensation, and even when this occurs it is by hypertrophy of the right ventricle and necessarily with overfilling of the pulmonary system. The distended pulmonary capillaries project into and narrow the cavity of the alveoli, and this contraction of the alveolar space, together with the slowing of the blood current, and the lessening of the proportionate surface exposed to oxygenation, produces the continual dyspnœa. Digitalis in this lesion sometimes acts very badly, since by stimulating



the right ventricle and sending more blood to the lungs it only increases the shortness of breath. Other cardiac affections also are accompanied by continual dyspnoea, as for example cases of progressive failure of the left ventricle, with consequent engorgement of the pulmonary system; as is seen in the last stages of cases of "cardiac overstrain," or in heart diseases resulting from psychic depression.

Cardiac asthma, on the other hand, is seen most typically in hypertrophy of the left ventricle with abnormal resistance in the bloodvessels, resulting from arterio-sclerosis. The asthmatic attack comes quite suddenly and usually at night, waking the patient from sleep, and is generally very severe. The lungs are found full of coarse râles, and respiratory pauses may occur like those of Cheyne-Stokes respiration. The affection often resembles bronchial asthma greatly, but may be distinguished by the high tension of the vessels, the absence of expiratory dyspnoea, and often by the discovery of a dilated left ventricle, though this is not always easily detected, owing to an increase in the volume of the lungs. This enlargement is due to the fact that through the narrowing of the arteries the blood is driven into the venous system, or, rather, into the lungs and the left auricle. Hence there is a permanent engorgement of the pulmonary circulation, even when there is complete compensation. The sudden asthmatic attacks are probably due to a sudden temporary insufficiency of the left ventricle, brought about by psychic emotion, increasing catarrh, or some other cause. The heart is already doing its utmost, and this disturbance of the balance produces increased passive congestion and consequent dyspnoea. Autopsies have shown that the heart muscle is of normal structure, and it would, therefore, seem likely that the failure is due to paralysis of the cardiac nerves or ganglia. Fränkel cannot accept the theory of Basch, that cardiac dyspnoea is due to a rigidity of the lungs from their being overfilled with blood; this producing an insufficiency of the respiratory muscles.

Regarding the therapeutics, the author repeats what he has formerly said in praise of morphia and digitalis in combination. The former diminishes the arterial tension, prevents the

exhaustion of the respiratory centre by the continued dyspnoea, and cuts short the asthmatic attack, while the latter stimulates the ventricle to greater activity. Calomel may also be employed for its diuretic and purgative action, thus depleting the system; and though somewhat uncertain, it always benefits that patient to whom it has formerly done good. Strophanthus has been of no value in dyspnoea in the author's experience, except in those cases in which it produces free diuresis. As regards uræmic and dyspeptic asthma, the former is simply cardiac and has nothing directly to do with uræmia. Cases of the latter have been reported by Henoch, and seem to depend on the presence of undigested masses in the stomach; the affection being relieved by vomiting after lasting one or two days.—*American Journal of Medical Science.*

#### VACCINATION IN CHINA.

The epidemic of smallpox in Hong Kong has naturally directed attention to the subject of vaccination. The first opinion published and generally accepted was that the Chinese will not endure vaccination, and that any attempt to enforce it by law would have the effect of depopulating the colony. The *Hong Kong Daily Press* traverses this theory. It bases its arguments on the evidence of a pamphlet by a certain Dr. Chang, which is now being circulated gratuitously by the guilds at Chaochow. The pamphlet first became public property in 1875, but existed in MS. as far back as 1866. The author has practised vaccination for twenty years, and his avowed object in writing is to expose quacks whose proceedings tend to bring the science into ill repute. His theory of vaccination is radically different from that of Western experts. He does not regard it as a method of insuring the system against a dangerous disease by subjecting it to a mild form of the same malady. On the contrary, the notion is that every child comes into the world infected with a varying amount of foetal virus, generated by the passions that gave him birth, which virus induces susceptibility to the attack of smallpox, and that the object of inoculation is to kill or eradicate the virus. The virus congregates about the "Gate of Life" and

the "Three Passages." These occult regions of the body have never been accurately located, but the former is happily accessible by two veins which debouche at depressions between the shoulder and the elbow, and are called "the eddy of purity and cold" and "the lesser estuary." The vaccine matter, introduced by these veins, sweeps out the "Gate of Life," without which cleansing the smallpox would come and destroy the "Five Viscera." One smiles at these fanciful epithets, but they appear to be used with a shrewd purpose. For the anti-vaccinators deny that the few and paltry pustules produced by vaccination can suffice to exhaust the foetal virus, and the only way to combat the effect of this argument on vulgar minds is to talk in large, imposing terms. At all events, Dr. Chang has so far succeeded in popularizing his theory that in the more civilized parts of Eastern Kwantung people who have not been themselves vaccinated, or who do not have their children vaccinated, are said to be rare. Evidently, however the theory does not lend itself to re-vaccination. No second cleansing of the "Gate of Life" can be necessary. As for the vaccine lymph employed by the Chinese practitioner, it is invariably obtained from a scab. The original derivation of lymph from cow-pox appears to be quite unknown. What an immense contrast China presents to Japan in this matter! Here vaccination is virtually universal. It is practised on the most scientific principles and with the greatest dexterity. No Japanese mother is happy until she has had her child vaccinated.—(*The Sei-I-Kwai Medical Journal*)—*Pacific Medical and Surgical Journal*.

#### TOBACCO AND BACTERIA.

The popular belief in the germicidal virtues of tobacco-smoke (which we note has been revived in connection with the alleged immunity enjoyed by the cigar-makers of Florida during the recent yellow fever epidemic) has received some confirmation in the scientific researches of Dr. Vincenzo Tassinari, first assistant of the Hygienic Institute of Pisa University. In a preliminary note on his experiments (*Centralbl. für Bakteriologie*), he describes the simple appar-

atus he designed to test the effect on pathogenic organisms of exposure to the fumes of tobacco. The apparatus consists of a chamber formed by two glass funnels placed horizontally, and connected together at their mouths by paraffin. In this chamber is suspended from a loop of platinum a small piece of linen, with the threads of its lower extremity immersed in a cultured fluid containing the microbes. The chamber is connected at one end by a tube with a cigar or cigarette, and at the other, by a tube containing a plug of cotton wool (to serve as a filter), with the mouth of the experimenter. The smoke as it is exhaled, therefore thoroughly surrounds the linen soaked in the cultured fluid, and after the experiment, which lasts from thirty to thirty-five minutes, involving the consumption of from three and a half to four and a half grammes of tobacco, the chamber is opened and the linen allowed to fall into a test tube containing fluid gelatine. Control experiments were also, of course, made. The micro-organisms subjected to this treatment included—1. *Spirillum cholerae asiaticæ*. 2. *Spirillum Finkler-Prior*. 3. *Bacillus anthracis*. 4. *Bacillus typho-abdominalis*. 5. *Bacillus pneumoniae* (Friedlander). 6. *Staphylococcus pyogenes aureus*. 7. *Bacillus prodigiosus*. The results varied with the variety of tobacco and the kind of microbe, but in every instance there was marked (sometimes very great) delay in the development of colonies in the gelatine as compared with that of organisms dealt with similarly, but without exposure to tobacco smoke. Indeed, the development of some was entirely prevented. For example, in the third series of experiments cited, where large Virginia cigars were used, the development of *Bacillus prodigiosus* was delayed for seventy-two hours, that of *staphylococcus pyogenes aureus* for seventy-three hours, of *Bacillus anthracis* for ninety-seven hours; whilst of the others, mentioned above, no development of colonies took place after from a hundred and twenty-eight to a hundred and sixty-eight hours. Dr. Tassinari attributes these results to the chemical action of the ingredients of tobacco-smoke. He proposes to extend his researches more fully, both as regards the effect of different kinds of tobacco upon these and other micro-organisms,



especially the tubercle bacillus, and to determine the time of exposure as well as the amount of tobacco necessary to produce the full effect. He hopes also to ascertain what substance or substances are responsible for the germicidal action.—*Lancet*.

### STROPHANTHUS AS A CARDIAC TONIC.

It will be appropriate in this connection to say a word as to the value of this new candidate for favor at the hands of the physician. This is even necessary, as within the past six months, reports of a discouraging character have been published, and much has been said with the ostensible object of guarding against danger, but actually for the purpose of preventing its general adoption. It is now recognized by competent observers as one of the most valuable remedies in the whole range of medicine. . . .

Assuming that we have a good tincture, or some of the other preparations of this drug, how are we to use it, and for what purpose? The latter question will first have attention, and the indications for the use of strophanthus may be stated in a few words. It may be used with benefit in cases of imperfect contraction of the cardiac muscle from any cause, such as dilatation, mitral and aortic insufficiency. When in dropsy or oedema of the extremities there is reason to believe a heart complication present, strophanthus will act promptly as a diuretic and carry off the accumulations in the cellular tissue and in the abdominal cavity. In the case of long-continued disease, like typhoid, pneumonia, and in wasting diseases, where we have reason to think that active stimulation of the heart is of advantage to our patient, no remedy promises to answer our needs as well. We are not to forget, however, that the action of this drug is limited to the heart, that, unlike digitalis, it does not act as a constrictor of the arterial system, and we cannot expect it to compete with that drug in this respect; but when it is desired to avoid the bad effects which naturally follow this action of digitalis, we may do so by the cautious administration of strychnine

along with the strophanthus, and we shall then have a combination far superior to digitalis in the majority of cases which demand this method. . . .

The method of administration will readily suggest itself to the thoughtful physician—small doses at frequent intervals; say, in urgent cases, two minims of tincture at intervals of two or three hours, or about five minims or less three times daily. Two and a-half minims three times daily will be followed in a majority of cases by the best results, and if the alkaloid strophanthin is used,  $\frac{1}{60}$  to  $\frac{1}{100}$  grain is sufficient to maintain the desired effect. When advisable to combine with it the advantages of strychnine, one or two minims of nux vomica may be used at the same time, either alone or in connection with the strophanthus, or a corresponding dose of the alkaloid strychnine, or the salts of the alkaloid if they are preferred.—*Medical Register*.

### THE CONDITION OF THE BRAIN IN CASES OF CONCUSSION.

Mr. Bryant, in his lectures on cranial and intracranial injuries (*Lancet*), devotes considerable time to the changes found in the brain after so-called concussion of its substance, or rather shaking of its structure. In his experience, concussion has always been synonymous in a pathological sense with contusion or laceration of the brain. Sir Prescott Hewitt, thirty years ago, said: "In every case in which I have seen death occur shortly after and in consequence of an injury to the head, I have invariably found ample evidence of the damage done to the cranial contents." Mr. Hilton, who followed him, wrote: "We ought to consider a brain which has been subjected to concussion a bruised brain." And Mr. Le Gros Clark, who lectured later, stated: "I have never made or witnessed a *post-mortem* after speedy death from a blow on the head where there was not palpable physical lesion of the brain. Neudorfer, of the Austrian army, declares that he has never seen concussion, as so called, since in all cases he has examined cerebral injury was found to exist.

After citing numerous cases of physical changes in the brain substance as a result of so-called

concussion, Mr. Bryant says: "With these facts and conclusions before us, am I therefore wrong in assuming with some confidence that you will see with me the expediency of combining with the term 'concussion' that of 'injury,' and of describing such cases in the future as those of injury of the brain from concussion?" The term "concussion" by itself is vague and delusive, while that of "injury" is clear and true, and conveys at once a meaning the force of which can not be misunderstood. The word "concussion" later on may be dropped, and the simple term "injury" retained. With this starting point, it would naturally follow that fractures of the skull in all their varieties, hemorrhage into the cranium in all its forms, and compression of the brain, however brought about, will be regarded as complications of the one common and essential factor, cerebral injury, and not, as now, be regarded as separate and individual troubles to be dealt with independently. And even scalp wounds, the result of external violence, would assume a position in the surgeon's mind they ought to have, but have not yet attained; and consequently receive the attention to which they are entitled, not so much, perhaps, on their own individual account as simple wounds, but as wounds mostly brought about by direct violence applied to the cranium, and consequently liable to be complicated with some contusion of the cranial bone or intracranial injury.—*New York Medical Journal*

### ECLAMPSIA AND ALBUMINURIA.

In a recent contribution to this subject ("Arch. f. Gyn.," xxxii. 3) Lantos arrives at the following conclusions:

1. Albuminuria occurs more frequently in parturient than in pregnant women, which may be explained by the fact that during labor the uterus is subject to great contraction and tension, whereby the nerves of the uterine wall are subjected to greater irritation than usual.

2. This occurs more frequently in those who are pregnant and parturient for the first time, for while the uterine wall itself is able to offer greater opposition to tension, this opposition acts as a nerve impulse.

3. In twin labors and labors at term, therefore, albuminuria is more common, because the increased volume of the contents of the uterus is the cause of greater tension.

4. Protracted labors cause protracted irritation, and favor the existence of albuminuria.

5. The artificial termination of labor can only be regarded as a means of nerve irritation which increases the already heightened reflex excitability of the vaso-motor nerves of the uterus and kidneys. The percentage of cases of albuminuria among those with whom labor has thus been terminated is much larger than with others.

6. Albuminuria occurs most frequently among primiparæ between fifteen and twenty years old, apparently as an expression of the heightened susceptibility to irritation of this period of life. Though the largest number of sufferers from albuminuria are found in multiparæ between the ages of thirty and thirty-five, it is due to the fact that, relatively, the largest number of women bear children during that period.

7. The quick disappearance of albumin from the urine is explained by the subsidence of nerve irritation.

8. The well-settled fact that in the ordinary albuminuria of pregnancy albumin is not constantly demonstrable cannot be explained by the mechanical theory. According to that theory, the constant and increasing pressure of the uterus upon the veins as pregnancy advances should have the effect not only of causing albuminuria to disappear at times, but altogether. On the other hand, these cases are easily accounted for if we assume that the nerve irritation disappears either on account of changes in the position of the fetus or on account of habituation to the irritant.

It is therefore possible to believe that in cases in which there are no tissue changes in the kidneys, albuminuria of pregnancy and labor may be regarded as of no pathological significance, being a very common symptom arising from reflex irritation of the vaso-motor nerves of the kidneys, excited by irritation of the nerves of the uterine wall. As a diagnostic sign of pregnancy this condition may be considered as of some importance.

We have only to look back a century to re-



alize the hold tradition had upon our fathers, and the great advances in our knowledge of to-day. In the article quoted it is plainly taught that the albuminuria of pregnancy may not denote any pathological change, and may even be useful in determining a diagnosis of pregnancy. What would the obstetrician of half a century ago, who saw with the appearance of albumin in the urine of his patient, unhappy visions of eclampsia and its frequently unhappy consequences, say to this?—*N. Y. Med. Jour.*

TREATMENT OF WARTS.—Roesen (*Münchener Medic. Wochenschr.*,) has found the following procedure very serviceable in removing warts and callosities, etc.:

The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta percha fabric and a bandage. In the case of small warts and callosities, the dressing is allowed to remain for five days. On removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effect from this application on the surrounding and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.—*International Journal of Surgery and Antiseptics.*

THE BIRTH OF MAN.—The ethical question how far it is pusillanimous and even religious to profit by the annihilation of pain which anæsthesia affords under surgical operation and in parturition has recently undergone discussion anew in some of the French papers. The discussion is antiquated and out of date in this country, and many of the stories told would hardly bear repetition in this serious country. Sir James Simpson long ago disposed of the argument, now revived, which charges the

women who accept anæsthesia in childbirth with evading the biblical injunction of pain. An indignant Frenchwoman has revived an old argument with some flippancy, but not without a reckless wit. "You quote," she says, "some verselets in the Bible against us; but let me remind you that the only one of your sex who took his part in the act of giving birth profited by anæsthesia; for when Adam gave up a rib towards the creation of Eve, he was thrown into the deep sleep of insensibility."—*British Medical Journal.*

FLOATING KIDNEY IN WOMEN.—Dr. Lindner has brought out a special work this year (published by Heuser of Neuweid) on the anatomy, etiology and diagnosis of floating kidney in women. His views are startling. He boldly asserts that floating kidney is the most frequent anomaly in the female subject. According to his experience, out of every five or six women one has a floating kidney. He is prepared to face the most violent opposition. Dr. Lindner, in examining the patient, always stands to her right side. He places the right hand against the anterior abdominal parietes, and presses the left against the back of the lumbar region, so as to press the kidney forwards. The patient is then placed on her side, with her knees drawn up. By sharply shaking her body the kidney, if movable, will fall forwards. In some cases Dr. Lindner did not detect the abnormality till after repeated examinations. He finds that floating kidney affects the peculiarly nervous organization of women more or less unfavorably; but he is opposed to operative measures, excepting when the patient's life is endangered, which must at least occur very seldom. He has collected records of thirty-six nephrectomies and twenty-nine nephrorrhaphies. Dr. Lindner is a great believer in the treatment of floating kidney by careful bandaging, and describes his method at length, adding twenty-four cases where bandaging proved successful. It is probable that Dr. Niehaus's truss for floating kidney, or some kindred contrivance, will prove more satisfactory in the long run. Dr. Lindner's opinions may be extreme or exaggerated, yet in the history of many another disease or malformation, as recorded in medical science, we find

that it was first held to be a rarity, till some careful clinical observer discovered that it was relatively more or less frequent. *Brit. Medical Journal*.

**SUDDEN DEATH FROM FEAR.**—Bollinger reports a case of sudden death from fear in a prisoner. It seems that a farm-laborer, sixty years old, in a fit of anger struck another man on the head with a pitchfork, inflicting two wounds involving the skull. The injured man died of pyæmia. His assailant was imprisoned, and became extremely depressed and melancholy. On January 30 he did not seem to be quite well, but first complained of illness on the next day, when he had to appear before the jury as defendant. Here he became so miserable that he had to be carried away, and had the appearance of a man moribund. The skin was cold; there was no pulse, but repeated attacks of fainting. He was taken to the hospital, where he died in twenty-four hours. At the autopsy his organs corresponded with the relatively good state of health which he had enjoyed before the occurrence just described, and no such changes were found, especially in the brain and heart, as could be charged as contributory to the direct cause of death.—(*Munchner Med. Wochenschrift*).—*World's Medical Review*.

**MENTAL DISEASES SUBSEQUENT TO GYNECOLOGICAL OPERATIONS.** WERTH.—(*Arch für Gynäk.*) In a paper read before the last meeting of the German Gynecological Society, the author reported six cases of mental disease observed after three hundred gynecological operations. Three of the cases occurred after total extirpation of the uterus; the other three followed operations where the ovaries and fallopian tubes were removed. In five of these cases the patients showed symptoms of mental depression, amounting in one case to a severe attack of acute melancholia. Four of the six patients recovered rapidly, the other two still remain mentally unsound. In three of the cases there was a history of insanity in the family; the other three patients were subjected to operation long after the establishment of the menopause. Dr. Werth referred to twenty-four recorded cases of insanity which had followed

gynecological operations. In the subsequent discussion, Dr. Sängner alluded to two interesting cases of acute iodoform insanity characterized mostly by fugitive hallucinations, and Frommel referred to two cases of a form of mental disease by no means uncommon in surgical practice, viz., delirium tremens in women whose average consumption of beer ranged from sixteen to twenty glasses daily, and who fully merited the German appellation of "Säufer innen."—*Medical Chronicle*.

**CAUSATION AND PREVENTION OF PNEUMONIA.**—A pamphlet on the Causation of Pneumonia, by Dr. Henry B. Baker, is being distributed by the Michigan State Board of Health. It is an 85 page pamphlet, and is a compilation of statistics collected by the State Board of Health, relating to pneumonia in Michigan and in other parts of the world. It is a thorough consideration of the subject, and seems to prove that pneumonia is controlled by temperature and humidity of the air. The pneumonia increases after the atmosphere is cold and dry, and decreases after the air is warm and moist. One would suppose that such climatic causes could not be controlled, but Dr. Baker points out how he thinks the disease may be greatly lessened by controlling the temperature, and especially by moistening all air which requires to be warmed in all buildings, public and private. During the time of greatest danger from the disease (cold weather) most people spend half their time in buildings where such conditions can be controlled, and Dr. Baker claims that it is the long-continued exposure that causes this disease, so that if the indoor conditions are properly cared for, this disease will be greatly lessened.—*St. Louis Courier of Medicine*.

**TREATMENT OF CHRONIC PHARYNGITIS.**—Dr. Weil (*Monat. f. Ohrenhkl.*) recommends the use of crude pyroligneous acid. The pharyngeal mucous membrane is brushed twice a week with the crude acid. In very sensitive patients it is at first diluted. There is a momentary burning sensation, and an unpleasant taste, which soon disappears.—(*Therap. M.*)—*Medical Chronicle*.



ADDITION OF AN ACID TO SOLUTIONS OF CORROSIVE SUBLIMATE TO INCREASE THEIR ANTISEPTIC POWER.—Dr. Laplace has been making a series of experiments with a view of determining the antiseptic power of corrosive sublimate wound dressings, such as gauze cotton and bandages. He has recognized that these materials are usually inefficacious. This can be attributed to the formation of an insoluble albuminate of mercury. The addition of an acid to the sublimate solutions prevents this chemical combination. M. Laplace advises especially the use of tartaric acid, and establishes the following conclusions :

1. Acid solutions of corrosive sublimate produce a complete reaction in albuminous fluids.

2. The combination of an acid with corrosive sublimate increases the antiseptic power of the latter, for one can then use weaker solutions.

3. Medication with acidified sublimate is sufficient of itself, and there is no necessity to have recourse to iodoform.

4. Preparations of acidified sublimate furnish results more satisfactory than with any other disinfectants.

5. Wounds are not irritated by it.

The solution recommended by M. Laplace is the following :

Hydrarg. bichlor . . . . .	1 gramme.
Acid tartaric . . . . .	5 grammes.
Aq. distill. . . . .	1000 "

Wound dressings such as gauze cotton, etc., are to be immersed for two hours in this solution :

Hydrarg. bichlor . . . . .	1 gramme.
Acid tartaric . . . . .	20 grammes.
Aq. distill. . . . .	1000 "

We obtain in this way disinfectant materials, the application of which secures cicatrization.—*Revue de l'Antiseptie*, 15 September, 1888.

G. A.

TREATMENT OF EPILEPSY BY GALVANISM OF THE THYROID BODY.—Seven epileptic patients have been treated by Signicelli by galvanism of the thyroid body ; in three the results were negative ; in the other four there was at first an increase, afterwards a rapid and progressive

decrease in the number of attacks, which ceased altogether for one month in one patient and for two months in another ; and this decrease in the number of attacks was accompanied by a favorable modification of their intensity and an amelioration of the psychical condition of the patients.—*Revue Clin., et Therap., et Bulletin Médical*, No 67.

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.*

*Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.*

TORONTO, NOVEMBER, 1888.

### OUR MEDICAL COLLEGES.

The medical students have returned, and reports say our medical colleges are full. The recent advances in the standard of the matriculation examinations do not appear to have checked the numbers entering, and the ever recurring question comes up: What will become of them? We will not attempt to solve this difficult problem. It will become the life-work of those who graduate to try to furnish a solution. Our aim is rather to extend a cordial welcome to all worthy students. The proportion of the latter class is becoming larger from year to year, and the amount of patient, laborious work now done is greater than we have ever known in this country.

The opening lecture in the Medical Faculty of the University of Toronto, was delivered by Dr. Richardson, the distinguished Professor of Anatomy, in the Convocation Hall. The lecturer, in his informal address, gave many reminiscences of the history of the university, which were listened to with the deepest interest. He expressed in eloquent terms his profound satis-

faction with the condition of things since the re-establishment of the Medical Faculty, which, in his opinion, should never have been abolished. We are pleased to know that there is a general consensus of opinion on this subject, and as a consequence, the new faculty is receiving a cordial and generous support which assures its success. There is a large and enthusiastic class of students, and it only remains for the members of the teaching staff to work zealously in the good cause, and thus prove worthy of the great trust imposed upon them.

Its worthy and friendly rival in Toronto, the Trinity Medical College, is meeting with its usual success. Its opening exercises were slightly marred by a small and discordant element, but it retains the old enthusiasm among its teachers and students, and is doing good work. The opening lecture was delivered by Rev. Dr. Johnston, of Jamaica, one of its most distinguished and worthy graduates. As usual, the number of students is large, and the college continues to prosper.

The Woman's Medical College, of Toronto, deserves the most favorable mention. Its worthy staff of teachers have done their duty nobly with little or no remuneration. We cannot say that we are very enthusiastic about the fitness of women to become doctors. We are inclined to think that other spheres suit them better, but we have a decided opinion that, when they choose this honorable but laborious profession, they should have an equal chance with the men: and we are glad to know that such an opportunity is afforded in this college. With so many friends of higher education for women in this wealthy and prosperous city, we think this college has not received the support it deserves. In another column we have given a synopsis of the opening lecture delivered by Dr. Powell.

Reports from other medical colleges in Canada show that all are prospering. There is evidently going to be no paucity of doctors in the future. The few corners in Toronto and other cities and towns, not at present covered with medical shingles, are not likely to remain long unadorned. From the east, the west, the north and the south they still are coming, and the prospects are that the supply will not run short.

## THE WHITECHAPEL MURDERS.

The history of the Whitechapel murders is one of the most remarkable in the annals of crime. Whitechapel is one of the worst districts in the east of London, England, and the character of its inhabitants is of the worst possible type. The murderer appears to have entered upon a crusade against the street-walking prostitutes. His plan is to meet these unfortunate creatures and entice them into some dark corner, professedly for ordinary immoral purposes, and then to murder and mutilate them in a horrible way.

From reports of the *post-mortem* examinations, we find that he shows a certain rough skill, with some anatomical knowledge. The appearances indicate that he uses a knife which must be very sharp, with a blade five or six inches in length. He makes a fearful gash in the throat, takes off a portion of one ear, and cuts out certain portions of the body which he carries away. These portions are a piece of the abdominal wall, including the navel, two-thirds of the bladder (posterior and upper portions), the upper third of the vagina and the whole of the uterus.

It is supposed that someone who has contracted disease from illicit intercourse, and who has become wholly or partially demented, is actuated by feelings of revenge, and adopts this horrible method of punishing fallen women. As a matter of course, such a series of mysterious and revolting murders is causing intense excitement, and extraordinary efforts to discover the criminal are being made.

## PHYSICIANS' PRESCRIPTIONS AND THE DRUGGISTS.

Much has been said and written on the subject of doctors' prescriptions which have gone into the hands of druggists; and the burning question is, Do such prescriptions belong to the druggists or do they remain the property of the physician? It is scarcely worth our while to discuss the legal aspects of the case. So far as we know the druggist can do what he likes with such prescriptions; practically this is what it amounts to at all events. Of course he cannot



use them to practise medicine in the ordinary sense of the term, but the same law applies to the formulæ in our ordinary text-books.

As a matter of fact, there should be no disagreements between doctors and druggists. It is their interest to work together, but in such a city as Toronto we think the druggists, considering the profits they derive directly through the good-will of the profession, do not as a rule, treat the doctors fairly. We may take occasion to speak on some points connected with this question in the future, but at present we wish to consider whether a prescription should be repeated without a written order from the prescriber. Many of our druggists are in the habit of repeating such prescriptions when the empty bottles are returned without asking any questions. In the interests of both doctors and patients such a custom is wrong, as a mixture may be repeated without the knowledge of the doctor at a time when it will do positive injury.

In justice to all parties, it is only fair to say that physicians are at least as much to blame for this custom as either the patients or druggists. Doctors are too frequently in the habit of simply directing the medicine to be renewed, without a written order. This is a careless style of prescribing, which is inexcusable. It is a simple matter, takes but little time to write a "repeat," and it should always be done when such repetition is wanted. If such a rule were universally observed we would be in a better position to talk plainly about some of the shortcomings of the druggists.

#### THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

The Committee who have had in hand the work of organizing this Association, have about completed their task. We are pleased to announce that the library will be open on and after November 1st, during certain hours every day, Sundays excepted, viz.: from 10 to 1 in the morning, 2 to 6 in the afternoon, and 7.30 to 9.30 in the evening. A librarian has been appointed, who will have charge of books and journals, and wait on members and visitors. There are now about one thousand volumes, and five thousand journals. A canvass

will shortly be made for contributions of books or journals from practitioners. The library, as our readers will remember, is in a room kindly given for the purpose by the Ontario Medical Council in their new building, on the corner of Bay and Richmond Streets. Great credit is due to the Committee who have worked so assiduously and successfully in this important undertaking.

A directory for nurses will be established in connection with the library, which will be looked after by the librarian, and it is hoped that the fees from this source will partly or wholly pay the salary of this officer. It will be remembered that an attempt was made in Toronto some time ago to popularize such an undertaking, but it proved a failure. We want something of the kind very much, and hope this new directory will be a success.

#### DIDACTIC LECTURES.

The efforts of the Ontario Medical Council to make the examinations as practical as possible are very commendable. We hope they will take the question of the curriculum into consideration at their next meeting. It is much to the credit of our medical colleges that the amount of practical instruction given in the laboratories, dissecting rooms and hospitals has been greatly increased in recent years. This is in accordance with the spirit of the times. It unfortunately happens, however, that the old rule of requiring two courses of one hundred didactic lectures in nearly all subjects, is still adhered to. The consequence is that the clinical teachers in the hospital find it a difficult matter to get the clerks and dressers to do their work as thoroughly and systematically as they should. In the Toronto General Hospital the nurses do a large portion of the work which should be done by the surgical dressers. What the dressers lose by such a system is difficult to estimate, and really needs not to be discussed, as there can scarcely be any difference of opinion in the matter. Why are they subjected to any such irreparable loss? Because so much of their time is spent in attending didactic lectures.

A change is urgently needed. Why should any object? We know of no reason excepting

probably that of indifference. Some members of the Council appear to think more about the means of preventing entrance to the profession, than the proper education of those who have matriculated.

#### SIR MORELL MACKENZIE'S BOOK.

Several selections from our exchanges are given with reference to the much-discussed subject of the unseemly quarrel now in progress between the attendants of the late Emperor Frederick of Germany. It is greatly to be regretted that such harsh criticism has been indulged in by the contestants, for it will add nothing to the dignity of the medical profession, and can but react disastrously upon the disputants who are now posed in such warlike attitude:

"Unfortunately for his reputation, he (Mackenzie) has passed beyond the limits to which a discreet man, conscious of being right and confident of the respect of his professional brethren, would have restricted himself, and has put before the world a statement which will do him more damage than anything which others have stated of him. We need not now undertake the work of exposing the fatal inconsistencies of Dr. Mackenzie's argument that Gerhardt converted a benign growth in the Crown Prince's larynx into a malignant one, and that Bergmann finally killed him. For our present purpose it is enough to express our condemnation of the spirit which prompted these shameful accusations and our contempt for his undisguised intention to make money out of them. A more stupendous example of the folly to which hatred, malignity, and avarice may drive a man could hardly be imagined; and the responsibility for it may well rest alone upon the individual who was capable of perpetrating it."—*Medical and Surgical Reporter*.

"Notwithstanding the fact that he met in consultation gentlemen of high standing, Dr. Mackenzie states very positively that he was always on the right side, and that he did not feel that he was justified in pronouncing the growth cancerous, even when it had that appearance, until it was proved beyond question that it was

so. From our present information in the premises, we are willing to say that the statements of Dr. Mackenzie are quite plausible, but they are not altogether convincing, and because of his great reputation, and the high esteem in which he is held by his associates at home, we are prepared to rest judgment for the time being, until both sides can be studied."—*Medical Register*

"Now why should a magnanimous potentate, full of good-will to men, have been overtaken by the more cruel fate of a death made uneasy by domestic bickerings and court intrigues? Why should a noble profession, full of all beneficence, be besmirched by the quarrels of men oversensitive about a transitory glory which might have been transferred by the will of the monarch upon the bragging professor of a cancer specific? Why should the 'infallible' expounders of an art, who came to a diagnosis by the easy reading of a *post-mortem* backwards, have accentuated so-called snubs, while a desirable life was at stake? 'Not so happy—yet more happy,' is the outcast Lazarus in a Home for Incurables who is allowed to die in peace behind a friendly screen, with no public peering in at the windows and awaiting the flight of a wailing soul."—*Journal American Medical Association*.

"For virulence, scurrile invective, and jealous professional calumny, the attack of Morell Mackenzie on the German physicians of the late Emperor Frederick stands unequalled in the annals of English medical literature. . . . The outburst of medical passion and childish argument used by the celebrated London throat specialist is so utterly beneath the dignity of a great mind, that one is constrained to pity the fate of the once admired but now ruined and sadly shattered British medical idol."—*Lancet Clinic*.

"For intensity of feeling and bitterness of language, no professional dispute of recent years can compare with that now raging between the British and German physicians who were in attendance upon the late Emperor Frederick. When we think of the exalted rank of the patient and the eminence to which the warring surgeons have attained—their wide reputation for learning and professional skill—it be-



comes almost incredible that such regrettable and embittered differences should exist as are disclosed in the indictment and answer of Sir Morell Mackenzie.—*Medical Record*.

#### NOTES.

"HOB-NAIL" LIVER IN A CHILD.—Dr. Langham, of London, England, in making a *post-mortem* examination on the body of a boy, aged seven, whose death was caused by the kick of a horse, found a ruptured spleen and a "hob-nail" liver. The child had been accustomed to carry beer and spirits to men in stables.

EPILEPSY AND INSANITY.—Dr. Goodell, of Philadelphia, says he believes the State should interfere to prevent men and women who suffer from epilepsy or insanity from getting married; and thinks the day may come when, by Act of Legislature, an insane man will be castrated, and an insane woman will have her ovaries removed.

Three years before his death, Mr. Darwin added to his "Autobiography" the following lines in his own hand:—"As for myself, I believe that I have acted rightly in steadily following and devoting my life to science. I feel no remorse from having committed any great sin, but have often and often regretted that I have not done more direct good to my fellow-creatures."

Dr. A. J. Willard, who has a private institution for the treatment of nervous invalids at Burlington, U.S., has erected during the past summer a commodious and costly building for his patients. Its location in that beautiful city is most picturesque, and the house has every convenience and appliance for the care of the sick. The institution has been successful from the start, and gives promise of permanency.

ANOTHER SPECIAL JOURNAL.—In January, 1889, there will be issued from the press of A. L. Chatterton & Co., New York, a new quarterly, entitled, *The Journal of Ophthalmology, Otology and Laryngology*. It will be edited by Geo. S. Norton, M.D., assisted by Chas. Deady, M.D.

The *Journal* will be devoted to original articles upon the three specialties. In addition to original papers by prominent authorities, the immense mass of material found at the New York Ophthalmological Hospital will be utilized.

OVARIOTOMY IN OLD AGE.—There has been considerable discussion about the age of patients who have undergone ovariectomy, and a good deal of confusion arising through mistakes in reports, such as changing a 3 into 8. There seems no doubt, however, that Schröder operated on patients at the ages of 79 and 80 respectively. The greatest age known in such a case, however, was that of Dr. Homans' patient, who was operated on early this year at the age of 82. Dr. Homans is a well-known surgeon of Boston.

We have received the initial number of the *University Medical Magazine*, edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. It is intended that the *Magazine* shall serve not only the purpose of a general medical periodical, but it will contain in large measure the teachings and scientific work of the University of Pennsylvania. The professors and instructors of that institution have pledged themselves to keep the pages of the *Magazine* constantly supplied with the results of the University instruction.

FREE NOTICES IN NEWSPAPERS.—Marked copies of the *Stratford Times* and *The Eye*, of Erin, are before us. We are favored with newspapers from all sections of the country, containing startling announcements of critical operations performed with marvellous, and almost magical dexterity, and the usual most gratifying results. The ethically pure, however, are in a position to solace themselves with the sedative thought that the names of those most eminent in medical science are not always known to the reportorial staff, nor are their voices frequently heard in communion with the writers of morbid fiction for the public.

TORONTO UNIVERSITY MEDICAL EXAMINERS FOR 1889.—The following is a list of the examiners appointed:—Pathology, H. A. Macallum, M.B.; Physiology, A. B. Macallum, B.A.,

M.B., Ph.D.; Medicine and Therapeutics, J. A. Mullin, M.D.; Materia Medica, O. R. Avison, M.D.; Midwifery, W. Digby, M.D.; Descriptive Anatomy, H. M. Aikins, B.A., M.D.; Practical Anatomy, J. Ferguson, M.A., M.D.; Surgery and Surgical Anatomy, W. T. Aikins, M.D., LL.D.; Clinical Medicine, A. McPhedran, M.B.; Clinical Surgery, C. O'Reilly, M.D.; Sanitary Science, H. P. Yeomans, B.A., M.D.; Forensic Medicine and Medical Psychology, W. W. Ogden, M.D.; Gynecology, A. Baines, M.D.; Chemistry, A. McGill, B.A.; Biology, J. J. Mackenzie, B.A.

DR. WILLIAM OSLER.—The many friends of Dr. Osler in Canada will be pleased to hear that he has been appointed Physician to Johns-Hopkins' Hospital and Professor of Principles and Practice of Medicine in Johns-Hopkins' University, of Baltimore. No higher honor than this can be conferred on any physician on the continent, and we know of no member of the profession who more fully deserves it. He will leave Philadelphia, where he has been acting as Professor of Clinical Medicine for four years in the Medical Faculty of the University of Pennsylvania, for Baltimore in May next, when he will enter upon his new duties. Our best wishes will go with him. May he live long to enjoy the honors he has so worthily won, and may he add much lustre to the reputation of this great hospital and university.

OÖPHORECTOMY.—Dr. Wm. Goodell, of Philadelphia, in the *University Medical Magazine*, states that during the past year he has removed the uterine appendages nineteen times with one fatal result. His communication is a most interesting one at the present time, for there exists an uneasy feeling regarding the so frequent removal of the uterine appendages when macroscopically they present an appearance so closely allied to the normal that the microscope has to be brought into service to demonstrate the pathological changes. For a frightful case of hysteroneurosis bordering on insanity he performed an operation which resulted in a perfect cure. "*The radical operation was not performed, however, until the lady had undergone two prolonged treatments by massage, electricity and rest in bed; for*

*by this treatment I have wholly cured a number of patients whose ovaries had been doomed by their physicians, and who had been sent to me to have them removed. In view of these facts it seems to me that the operation of oöphorectomy has been too frequently performed, and sometimes without adequate warrant.*" We italicise his statement.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, Oct. 16, 1888.

Dr. Machell in the chair.

Minutes of previous meeting were read and adopted.

#### CASES IN PRACTICE.

Dr. Carveth presented for examination a man brought before the Society last May, when he showed extensive ulceration of the nose, cheek and throat; some discussion followed at the time as to whether it was a case of syphilis or rodent ulcer. Under specific treatment the man has progressed very favorably.

Dr. Smith presented a young man aged 22 years. When 9 years old he fell on ice striking his elbow; no pain was experienced till next day; abscess appeared and was opened, but did not heal. Others appeared for four years, but old ones did not heal kindly. At present has trouble with forearm. He goes to bed quite well, and is suddenly awakened by severe pains in arm, the elbow swells; this lasts a week and disappears; has had ten such attacks in two years. Two years ago a lump appeared on inner side of arm, then disappeared, and part around began to soften. He played base-ball all summer, when the arm did not trouble him, but since he has stopped the trouble has appeared again.

Dr. Bryce was inclined to think it due to neurosis.

Dr. Atherton would try pot. iodid. for general or possibly specific effect.

Dr. Britton then read a comprehensive paper on cystitis. Idiopathic acute cystitis frequently occurs as a complication, occasionally originates *de novo* in scrofulous and rickety girls;



traumatic origin, either direct, as from instruments, calculi, etc.; or indirect, as overdistension and retention. The disease invades primarily either the mucous tunic or the peritoneal covering, usually the former, the inflammation being either catarrhal or croupous in character. On examination, the mucous membrane is discolored and softened, usually in patches; here and there may be erosions, or, if disease has run a severe course, ulcerations or even gangrenous spots. In acute form of disease the symptoms are malaise, chills, frequent desire to urinate, with scalding urine, pain in hypogastrium and sometimes tenesmus, high temperature and general symptoms of fever. After a few days the urine becomes ammoniacal, and deposits phosphates with mucous and pus corpuscles. If the case proceeds unfavorably, the patient lapses into a *quasi* typhoid state, manifested by hebetude, subsultus, vomiting, purging, and the disease invading the ureter, pelvis and secreting structure of the kidney, ends fatally in coma.

The treatment in the acute form is from the early stages antiphlogistic. Absolute rest, both for patient and bladder, saline cathartics, opiate suppositories, hot fomentations, demulcent drinks and milk diet; alkalies to correct acidity, and in the later stages benzoic acid to counteract alkalinity. Buchu, cubebs, uva ursi, hyoscyamus, copaiba, lupulin and belladonna have all been used for their specific effects. there is less pain.

Treatment: irrigations of nitrate of silver,  $\frac{1}{4}$  gr. to an ounce of warm water has been used, also carbolic acid, where there is fetor, pot. permanganate, borax, boracic acid and sulphate of zinc. The plan of puncturing bladder for purpose of drainage was also spoken of.

Drs. Bryce, Atherton and Spencer took part in the discussion.

It was moved by Dr. Reeve, seconded by Dr. Bryce, that the Executive Committee be empowered to collect subscriptions for a large portrait of the ex-President, Dr. Workman.

C. R. CUTHBERTSON, *Secretary*.

*The Lancet*, after carefully weighing all the facts and arguments *re* Emperor Frederick's disease, expresses the opinion that Prof. Gerhardt's original diagnosis was correct.

## Correspondence.

### LETTER OF THANKS FROM DR. LESLIE.

TO JAMES WHITE, ESQ.,  
Hamilton. 20th Oct., 1888.

DEAR DOCTOR,—Allow me to thank you for \$461, which has been handed to me by you for the purpose of contributing toward defraying the legal expenses incurred in defending the persecution lately raised against me. While I regard this practical proof of feeling as given in support of a cause rather than personal, I am at the same time deeply sensible of the heartfelt sympathy manifested to me by a great many of my professional friends not only in this city but elsewhere.

I thank you personally for all your kindness, and thus through you those who, regardless of their own time and trouble, espoused my cause and assisted me in it with their wise counsel, their sympathy, and their moral support.

I am, yours sincerely,

JAMES LESLIE.

## Book Notices.

*Suicide and Legislation.* By CLARK BELL, Esq. (Reprint.)

*Transactions of Medico-Legal Society, April Session.* Presidency of Clark Bell, Esq. (Reprint.)

*Addresses in State Medicine. Recent advances in State Medicine.* By HENRY B. BAKER, M.D. (Reprint.)

*Hot Water in the Management of Eye Diseases. Some suggestions.* By LEARTUS CONNOR, A.M., M.D., Detroit.

*The Causation of Cold-Weather Diseases: an attempt to explain the Causation of Inflammation of the Air Passages, etc.* (Reprint.)

*Proceedings and Addresses at a Sanitary Convention, held at Manistee, Michigan, June 5th and 6th, 1888.* Lansing, Michigan, 1888.

*Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending June 30th, 1887.* Lansing, Michigan, 1888.

*Hand-book of Historical and Geographical Physiology, with special reference to the distribution of Consumption in the United States.* Compiled and arranged by GEO. A. EVANS, M.D. New York: D. Appleton & Co. 1888. Toronto: J. E. Bryant & Co., 64 Bay Street.

*The Treatment of Empyema—the Process of Repair. A Method of Subcutaneous Drainage and Irrigation, with Illustrative Cases.* By G. J. ROBERTSON, M.B., C.M., Surgeon to the Oldham Infirmary. (Reprinted from the *Medical Chronicle* for March, May, June and July, 1888.)

*A Manual of General Pathology, designed as an introduction to the practice of medicine.* By DR. J. F. PAYNE, of St. Thomas's Hospital, London. Lea Bros. & Co., of Philadelphia.

This is a strong, well written work, by a sound pathologist and able teacher, and ought to rank high as a text-book. In next issue it will receive notice *in extenso*.

*International Journal of Surgery and Antiseptics.*

We have received a copy of the new "International Journal of Surgery and Antiseptics," edited by Dr. M. J. Roberts, with Dr. F. King, business manager, published quarterly in New York. It presents an excellent appearance, is well illustrated, and promises to fulfil the aim of its founders, *i.e.*, to keep its subscribers thoroughly posted in progressive surgery and antiseptics.

*Excessive Venery, Masturbation and Continence: the Etiology, Pathology, and Treatment of the Diseases resulting from Venereal Excesses, Masturbation and Continence.* By JOSEPH W. HOWE, M.D., Author of "Emergencies," etc., late Professor of Clinical Surgery in Bellevue Medical College, etc. New York: E. B. Treat, 771 Broadway.

The title of this book will give a very good idea of its scope. The subjects' may not be very attractive, but they are certainly practical. Patients suffering from the effects of the excesses mentioned are sufficiently numerous, and

require the most careful and judicious treatment. For a work of the kind we know of none as good as this.

*A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science.* By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VI. New York: Wm. Wood & Co., 56 and 58 Lafayette Place, 1888.

The following are the Canadian contributors to this volume: Dr. Peter H. Bryce, Toronto; Dr. F. Buller, Montreal; Dr. J. Elliot Graham, Toronto; Dr. T. G. Roddick, Montreal; Dr. James Stewart, Montreal; Dr. Wm. Oldright, Toronto. We have to again express our admiration for this magnificent reference hand-book, which will receive a more extended notice next month.

*A System of Gynecology.* By American authors. Edited by MATTHEW D. MANN, A.M., M.D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo. Volume II. Illustrated with four colored plates and three hundred and sixty-one engravings on wood. Philadelphia: Lea Brothers & Co.

We have perused the second volume of this work with great pleasure. It is a matter of profound regret that we have not space to give something like a proper review of such a book. The eighteen gynecologists who have contributed to this volume are all of the United States, but they have world-wide reputations. All things considered, we doubt if their equals could be found in any other part of the world for such a work as this. Of the whole "system" we cannot speak too highly. We believe it is superior to anything that has yet been published, and can, therefore, recommend it to my professional brethren with a great deal of confidence.

*Physician's Interpreter in four Languages. Specially arranged for diagnosis.* By VON V. F. A. DAVIS, Publishers, 1231 Filbert Street, Philadelphia.

The object of this little work is to meet a need often keenly felt by the busy physician, namely: the need of some quick and reliable



method of communicating intelligibly with patients of those nationalities and languages unfamiliar to the practitioner. The plan of the book is a systematic arrangement of questions upon the various branches of Practical Medicine, as the Eye, Ear, Nose, Throat, Fevers, Surgical Operations, Stomach Complaints, General Health, Special Diet, Patient's History, etc., etc., and each question is so worded that the only answer required of the patient is merely Yes, or No. The questions are all numbered, and a complete index renders them always available for quick reference. This little book has been written by one who, having had some hospital experience, and being frequently called upon to interpret for foreigners, presents it to physicians and students with the hope that it may facilitate their intercourse with the suffering. Bound in full Russia leather, for carrying in the pocket, (size, 5 x 2¾ inches). 206 pages. Price, \$1 net.

*Therapeutics: its Principles and Practice.* By H. C. WOOD, M.D., LL.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. Seventh edition. Philadelphia: J. B. Lippincott Company.

We doubt if any work published on the subject of therapeutics has proved as popular on this continent as this. The present edition is the seventh published within a comparatively short time since the appearance of the first. We have for years had a very high opinion of Wood's "Therapeutics;" and we are pleased to notice in the present volume that the distinguished author is keeping fully up to the times. The vast number of new medicines introduced during the last few years are well described. One can scarcely realize the wonderful advances in this direction, and nowhere can he gain a better acquaintance with new remedies than in this work. Dr. Wood is neither purely theoretical nor visionary; on the contrary, he is eminently practical. We sometimes think that therapeutics does not receive all the attention it deserves. After all, its importance is second to none in the great and broad subject of medicine. We can recommend this book with great confidence, as being a safe

and reliable guide to the senior medical student and the general practitioner.

*The Applied Anatomy of the Nervous System.* By AMBROSE L. RANNEY, M.D. D. Appleton & Co., New York. W. J. Gage & Co., Toronto.

Just at this time, when the surgical treatment of diseases of the brain is receiving so much attention, a work like that before us seems to be an absolute necessity. Not many years ago the discoveries of Ferrier were considered interesting alone to the student of pathology and physiology, but now they have a practical value; and no well informed practitioner can afford to be ignorant of the recent discovery made in the anatomy and physiology of that most important organ of the body, the brain. Thus the second edition has been, in part, re-written, and contains all the recent views of the leading workers in this department. "The aim of the author has been to furnish a reliable guide to the student of neurological anatomy and physiology, in which he may find the views of the leading minds in that field accessible, and the main facts which are applicable to diagnosis clearly interpreted." Any reader of the work before us will be convinced that the author has succeeded in fulfilling the aim thus given in the preface. The text is clear and concise, and the plates are numerous, and serve to illustrate this most difficult subject. We are confident that the work will be of great service to the student who wishes to obtain an accurate knowledge of the anatomy of the brain. It will be even of greater service to the practitioner who makes reference to it in cases of cerebral disease, especially when a tumor or abscess is suspected. We have great pleasure in recommending this work.

*The Case of Emperor Frederick III. Full Official Report by the German Physicians and by Sir Morell Mackenzie.* The German report translated by HENRY SCHWEIG, M.D., New York. This is the only edition giving the unabridged reports, with all of the illustrations, of Sir Morell Mackenzie and of the German physicians. Cloth, \$1.25. Paper, 75 cents. Address the Publisher, Edgar S. Werner, 48 University Place, New York. Be sure to order the Werner edition.

## Personal.

Dr. Thistle has removed to Denison Avenue.

Dr. John Ferguson has removed to 62 College Street.

Dr. W. P. Caven has located at 18 Gerrard Street east.

Dr. A. Melville Ewing has left this city for Buffalo, N.Y.

Dr. C. Scadding is now in practice with Dr. Cameron, at 273 Sherbourne Street.

Dr. Willoughby, the Conservative candidate for East Northumberland, has been declared elected by three on the official count.

Dr. Daniel Clark, Superintendent of the Asylum for Insane, Toronto, has been appointed Professor of Psychology in the Medical Faculty of the University of Toronto.

Dr. A. E. Lackner has returned from the Continent. While in Edinburgh he was admitted to the L.R.C.P. & S., Ed., and L.F.P. & S., Glas. He has now settled in Hamilton, on Victoria Avenue.

James A. E. Steeves, A.M., M.D., Assistant Superintendent of the Provincial Lunatic Asylum, St. John, New Brunswick, is in Europe on a vacation of four months, visiting the asylums of Great Britain and the continent. Lucius C. Allison, B.A., M.D., of the medical staff of the General Public Hospital of St. John, discharges the duties of assistant during Dr. Steeves' absence.

## Miscellaneous.

A REAL ANATOMIST.—Professor: "Why do they call this bone the *humerus*?"

Student: "Because it's the funny bone at one end."—*Indianapolis Medical Journal*.

ASSISTANTSHIP WANTED.—A young Scotchman, having spent three years in hospital work in Edinboro', desires to secure position of assistant to a doctor, either city or country. G. G., PRACTITIONER Office.

"A surgeon," noting the peculiar tendency of his fellow-citizens to take carbolic acid in mis-

take for other beverages, makes known, through the papers, that the best antidote for the poison is common soap, or, indeed, soap of any kind. But it must be swallowed immediately, and repeated till the worst effects have been relieved.

—*Medical Press and Circular*.

WHERE HAS 'OPKINS GONE?—*The Hospital*, of England, states that nurses in hospitals are rather apt to lay too much stress on the advantages received by the patients and their duty of thankfulness. Witness the following true story: Chaplain.—So poor Hopkins is dead I should have liked to speak to him once again, and soothe his last moments; why didn't you call me? Hospital orderly.—I didn't think you ought to be disturbed for 'Opkins, sir, so I just soothed him as best I could myself. Chaplain.—Why, what did you say to him? Orderly.—"Opkins," sez I, "you're mortal bad." "I am," sez'e. "'Opkins," sez I, "I don't think you'll get better." "No," sez'e. "'Opkins," sez I, "you're going fast." "Yes," sez'e. "'Opkins," sez I, "I don't think you can 'ope to go to 'eaven." "I don't think I can," sez'e. "Well then, 'Opkins," sez I, "you'll go to 'ell." "I suppose so," sez'e. "'Opkins," sez I, "you ought to be wery grateful as there's a place perwided for you, and that you've got somewhere to go." And I think 'e 'eard me, sir, and then 'e died.—*Ex*.

## Births, Marriages, and Deaths.

Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.

### BIRTHS.

NOECKER—At Waterloo, Oct. 11th, the wife of Chas. T. Noecker, M.B., of a daughter.

SHEARD.—On Friday, the 5th of October, at 314 Jarvis Street, the wife of Charles Sheard, M.D., of a son.

### MARRIAGES.

FORIN-FAIR.—On the 24th of October, by the Rev. J. Campbell, M.A., Ph.D., assisted by the Rev. D. Maclaren, B.A., Alex. Forin, M.D., to Winnifred, eldest daughter of the late T. W. Fair, Esq., of Collingwood.

THOMPSON-DELAPORTE.—On Wednesday, Oct. 10th, by the Rev. A. T. Bowser, B.D., S. G. Thompson, M.D., L.R.C.P.S. Edin., to Elizabeth, daughter of A. V. DeLaporte, Esq.



# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, DECEMBER, 1888.

## Original Communications.

### CASE OF PENETRATING BULLET WOUND.

BY GEORGE A. KENNEDY, M.B., FORT M'LEOD.

Surgeon to North-West Mounted Police Force.

C. C. M., aged 30, accidentally shot on afternoon of June 23rd, 1887, by the discharge of a colt's revolver which he was unloading. Point of entrance of ball, which was conical forty-four (44) calibre, about an inch and a half to right of median line of chest and immediately over the cartilage of second rib, exit behind the middle third of external border of right scapula.

When first seen, twenty minutes after the accident, patient was suffering from shock. Hemorrhage, mainly from entrance wound, not excessive, and mixed with air bubbles. The wounds were washed, dressed with dry iodoform and covered by pads of absorbent cotton, secured by a firm bandage. The shock yielded to stimulants in small quantities, and morphia sufficient to relieve pain and secure rest constituted the only immediate treatment. Patient coughed up blood during the night, and at intervals in small quantities during the next three days. Pulse ranged from 80 to 100; average temperature 101, and respiration 28 to 30. On Sunday, the fourth day after the accident, I turned him over on the side and re-arranged bandages. No oozing or irritation about either wound. This condition of things continued until the

following Sunday, eleventh day, when on dressing the wounds I discerned an emphysematous patch under right axilla. This, however, disappeared during next day or two. The wound in back never gave the slightest trouble, and a week after this was healed entirely. On Monday night, twelve days after accident, the temperature ran up to 104° and continued high (101°-104°) all next day. There was a good deal of tenderness to right of entrance wound. Back of right lung dull in percussion, bronchial breathing, vocal resonance none or very little. About entrance wound bronchial breathing and increased vocal resonance as from the first. Tuesday night, thirteenth day, pain about wound became excessive, and I therefore dressed it. Finding that pus came up near the surface on certain motions of chest walls and manipulation of skin and muscles, I inserted a canula attached to an aspirator syringe, and working it downwards and outwards about an inch and a half, entered a cavity and drew off a considerable quantity of unhealthy pus. Next day there was considerable discharge on the dressing, and I drew about half an ounce more with the syringe. In the evening I turned him on left side and, after drawing off some bloody pus, washed out the wound with 1-5,000 sublimate solution. Air now entered freely and came out of wound for first time since the first day. Pulse, 115-120; temperature, 103.8°; respiration, 32-40; pain and dyspnoea. During the night he coughed a good deal, causing hemorrhage from the wound, which saturated the

dressings twice. Thursday, the fifteenth day, the hemorrhage gradually ceased, although the pleural cavity seemed nearly filled with fluid. At 8 p.m. chloroform was administered, and assisted by Dr. Mewburn, the entrance wound was enlarged. Hemorrhage was excessive, the blood apparently being pumped out of the pleural cavity by the action of the lungs and chest walls. The bullet was found to have bored through the cartilage besides comminuting it. The piece was comparatively loose, but could not be easily detached. Hemorrhage ceased for a little, and an exploratory puncture in the seventh intercostal space failed to find fluid, the pleura being temporarily emptied. As it seemed impossible to permanently arrest the bleeding, and as it was evident that the pleura was acting as a reservoir, the incisions were sewn up and a compress applied. Friday, sixteenth day, very little hemorrhage. Pulse, 102; respiration, 40; temperature, 103°; pleural cavity again full. During the seventeenth, eighteenth and nineteenth days there was a good deal of bleeding, especially in any movement or coughing. Dressing had to be frequently changed and patient kept very quiet. On the last-mentioned day, a cutaneous erysipelas developed suddenly over front of chest and spread rapidly downwards. This was, no doubt, carried by impure surroundings, a condition of things at that time impossible to remedy. It was quickly got under control, however, by iron internally and iodine and collodion externally.

From this time until Thursday, 21st July, the twenty-ninth day after the accident, the patient's condition may be described as undergoing a gradual change. The character of the discharge slowly changed from blood to blood and serum, and from this to sero-sanguineous pus, a large quantity of which, smelling rather badly, gushed out on this date during a fit of coughing. Patient distinctly tasted this in his throat. Pulse, 75-100; respiration, 28; temperature, 100-101°. In consultation with and assisted by Dr. Mewburn, the patient was then chloroformed, and after an exploratory puncture, an incision was made between sixth and seventh ribs in the mid-axillary line, and a large quantity of fetid pus emanated. The pleural cavity was washed out with warm water and then with

1-80 solution of carbolic acid. It was impossible to connect the two wounds with a bougie or long probe, but fluid passed readily from one to the other. After the cavity had been thoroughly cleansed, therefore, a drainage tube was inserted, and the wound dressed with lint soaked in carbolic solution and covered by a thick pad of iodoformed cotton wool. A hypodermic of morph. sulph. gr.  $\frac{1}{2}$  gave him a good night.

After this the pleura was washed out at first three times, then twice, daily with different antiseptic solutions—boracic, salicylic, alcoholic and carbolic. The injections generally excited coughing, and patient could immediately afterwards tell what solution I was using from the taste in his throat. The discharge was at first copious, and on three occasions pieces of disorganized lung tissue came away. From Friday, July 27th, the thirty-fifth day after the accident, there was a perceptible improvement in the quantity and quality of the discharge, and the patient gained strength. His temperature and pulse fell to nearly normal, and the respiration gradually decreased to 24 or 26. On August 15th, the discharge was a semi-transparent, thick and very tenacious mucus-like stuff. He was much troubled at this time with neuralgic pains in right leg, which were first treated with quinine, but yielded only to aconite. The usual difficulties incidental to draining such a cavity were, of course, experienced. On the 21st, however, he was able to be moved to a larger and better room in another house, and the change was beneficial.

The orifice of entrance healed up finally, after the cartilage, to its junction with the sternum had dissolved away, leaving a circular depression about an inch in diameter and half an inch deep. The lower opening was allowed to close when the discharge had become reduced to almost nothing. Rubber drainage tubes were used, a silver one being found painful to insert and difficult to retain in place.

The general treatment consisted at first of complete rest, secured by morphia and attention to details, careful watching of the temperature and other symptoms; and after drainage had been established, the generous use of stimulants and nourishing food with a tonic of iron and quinine.

Convalescence was slow, and it was four



months from the time he was shot before he was able to drive the thirty (30) miles between here and Lethbridge, and make the journey to Toronto. It was delayed after this also by a swelling of the right leg, which required rest and bandaging. He had suffered from phlebitis in this leg some years before, after an attack of typhoid.

I examined the patient a short time ago, and outside of some dulness on percussion around lower and back part of lung, due to thickened and adherent pleura, he appears to be all right. He is not able to indulge in violent exercise, such as cricket or lawn tennis, but for anything requiring a moderate degree of force, says he is as good as ever.

*Remarks.*—For the first twelve days both wounds were occluded. There was a moderate amount of blood in the pleura, which did not undergo any decided purulent change. On the entrance of air by the emptying of the small pus cavity alluded to in the entrance wound, hemorrhage recommenced. It was probably a mistake to enlarge the orifice, but a pardonable one under the circumstances, one that did not cost much, and one that was of value by affording a better knowledge of the nature of the wound. After this, there was nothing to be done but to control the hemorrhage by complete quietness, compresses, etc., and select the best time for paracentesis. After the counter-opening was possible the case became simple, and illustrated the advantages of cleanliness and thorough drainage.

### CARDIAC POLYPUS—CAUSING SUDDEN DEATH.

BY W. H. B. AIKINS, M.D.,

Pathologist to the Toronto General Hospital, etc.

The subject of the autopsy was an old negress, who had been admitted to the Toronto General Hospital, to be operated upon by Dr. Reeve, for the removal of a cataract. The operation was done without the administration of a general anæsthetic, but by the aid of a local application of cocaine. The operation was successful, and the wound healed kindly, but the patient suddenly expired on the sixth

day after operation. No cardiac lesion had been detected upon stethoscopic examination before she underwent operation.

The main features of interest of a pathological character were the fibroids of the uterus—above six pounds in weight—which had undergone extensive calcareous degenerative changes, but of still greater interest was the condition of the heart. The valves were free and the cavities normal, save the right auricle, which was dilated and almost entirely occupied by “a true polypus,” or a true polypoid growth resembling an organized *anti-mortem* coagulum, and attached by a firm pedicle to a point corresponding with the situation of the eustachian valve in the *sinus venosus*. The pedicle, which was half an inch broad, was covered with endocardium, continued also over a portion of the mass. This polypoid, pear-shaped growth was elastic, tough and tenacious, measuring two inches in its long diameter.

There can be no doubt that fibrinous concretions and true polypi are formed in the heart from the blood during life. Rokitansky divides the coagula into three varieties: (a) Polypi; (b) ramifying coagula, and (c) globular vegetations (*végétations globuleuses* of Lænnec); and considers it a remarkable circumstance that polypi are almost always limited to the left ventricle, though he has observed them, in a few exceptional cases, situated in the right auricle and ventricle. In this case the growth was on the right side, and there was no evidence of any endocarditis having existed.

Many of the German pathologists have written exhaustively on the varieties of cardiac thromboses, though all have not taken cognizance of the true polypi. Pearls\* mentions the “Herzpolypen,” but would apply the term rather to those clots formed during the death struggle, than to those formed at a considerable period previous to, or independent of, the fatal issue.

Rindfleisch,† likewise speaks of the “Herzpolypen,” which may be called thrombi, usually formed through a roughness of the surface and a lagging of the circulation.

\* Lehrbuch der allgemeine pathologischen anatomie und pathogenese.

† Lehrbuch der pathologischen gewebelehre, 1886.

Wilks and Moxon,\* also apply the term polypi to *anti-mortem* coagula.

The patient died suddenly, and in all probability from a displacement of the polypus, which completely occluded the auriculo-ventricular orifice.

Walsh† mentions several cases of sudden death from the formation of coagula in the pulmonary artery; and Dr. Goodridge‡ notes three cases in which death occurred with a greater or less degree of suddenness from the formation of cardiac thrombi in acute disease, but I have been unable to find any record in the literature at my disposal where instant death resulted from the displacement of a thoroughly organized pediculated fibrinous coagulum.

68 Gerrard Street East.

### PYÆMIA WITH PYELO-NEPHRITIS: A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Clinical Medicine, University of Toronto;  
Physician to the Toronto General Hospital, etc.

(Read before the Toronto Medical Society, Nov. 27th, 1888.)

Mrs. S. S. W., aged 24 years, the wife of a physician of this city; family and personal history good. She complained of feeling depressed and not very well, with chilly sensations, on Monday, August 13th last. She was about the same on Tuesday, and on Wednesday, 15th, not being so well, I was asked to see her in the evening. Her temperature was then  $101.3^{\circ}$ ; pulse, 90; skin somewhat hot and dry; there was some pain with tenderness in the region of the cæcum. The bowels not having moved that day, a purgative was given; hot fomentations applied to the cæcal region and small doses of quinine and acid given. She was pregnant, and within two or three weeks of term.

On 16th there was no material change; urine, normal on examination. Her husband had repeatedly examined the urine during her pregnancy, finding nothing abnormal. Tempera-

ture,  $100.3^{\circ}$  a.m. and  $102^{\circ}$  p.m.; bowels had moved well.

On 17th, temperature,  $101^{\circ}$  a.m. and  $103.2^{\circ}$  p.m.; no chills; no pain in cæcal region, but some about hepatic flexure of colon—the whole colon was considerably distended with flatus. No tenderness in the lumbar region. There was some occasional headache. It was thought the case might prove to be one of irregular typhoid.

On 18th, the morning temperature was normal and continued so till noon, but in the evening it rose again to  $103^{\circ}$ . The urine was examined, and found now to contain a few pus corpuscles and a trace of albumen. She was very cheerful taking nourishment very well, mostly koumyss and broth. Her nights were somewhat restless, sleep being broken.

On 19th, her condition continued about the same. Antipyrin, grs. 9, was given to relieve some headache and general pains, and to reduce a temperature of  $103^{\circ}$ . She had vomited a few times. Pus and albumen in urine increased.

On 20th, she was somewhat better all day, though restless at times and vomiting occasionally. At 10.30 p.m. she was awakened out of sleep by a most severe chill. I was hastily summoned, and found her extremely restless; face, anxious; skin, hot and pungent; thirst, great; thermometer in axilla registered  $106.2^{\circ}$ . Towels wrung out of iced water were at once applied all over front of body and thighs, being changed constantly. Relief was most prompt and gratifying. In half an hour the temperature was reduced to  $103.2^{\circ}$ ; shortly afterwards the cold applications were dispensed with. The temperature continued to fall all night. Urine was drawn by catheter, and contained largely increased pus deposit, which was found, on microscopical examination by Dr. G. A. Peters, to contain epithelium from the pelvis of the kidney, but no casts. In some samples of urine the urea was much reduced, below one per cent.; in others, nearly a normal amount was present. Dr. I. H. Cameron was called in consultation, and was thereafter associated with me in the treatment of the case.

21st. Temperature continued to fall from midnight till noon, when  $96.1^{\circ}$  was registered in the axilla and  $96.4^{\circ}$  in the rectum; pulse,

\* Lectures on Pathological Anatomy.

† A Practical Treatise on Diseases of the Heart, 1862.

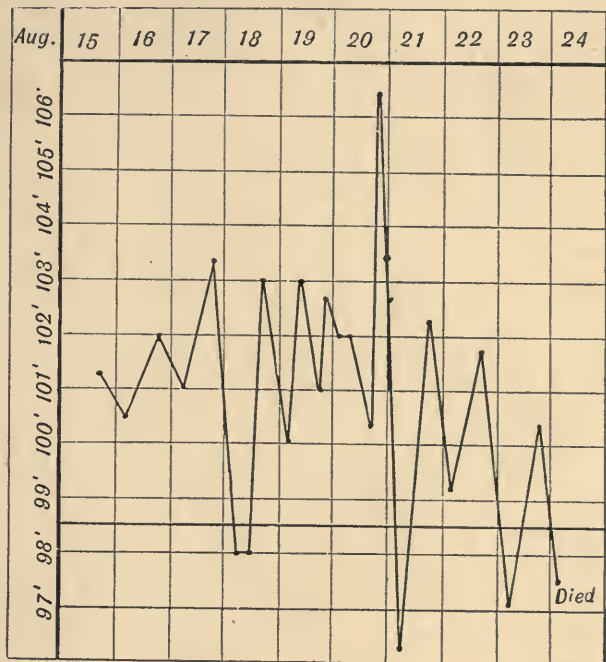
‡ New York Medical Journal, October 20th, 1883.



regular, from 80 to 118; respiration, about 25. During the afternoon, temperature rose gradually, being normal at 3 o'clock and reaching 102.1° at 6 o'clock; then began to fall again. Slight labor pains began in the morning, and continued all day. Flatulence increased, causing great distension of bowels around the enlarged uterus. Salol and papoid with soda were given frequently to lessen formation of gas, but without effect. Urine, 6 oz. was passed at 3 p.m.; specific gravity, 1017. Albumen  $\frac{2}{10}$  by volume, and only a slight sediment of pus. Bowels not moving to-day, an enema of castor-oil was given, in anticipation of labor; several slight stools followed during the night. To ease labor pains and quiet restlessness, chloral, grs. 20, were given by the rectum at intervals. The chloral not being sufficiently effective, two doses of antipyrine, grs. 10 and 5 were given, with some benefit. At one time the restlessness was so great that, as the secretion of urine was fairly abundant, morph. sulph., gr.  $\frac{1}{8}$ , was given subcutaneously, causing good rest for a time.

22nd. Temperature, 99.1° a.m., 101.4° p.m. Complained of pain in right side, and evidences of pleurisy were found. Jacket poultices were applied. Labor pains increased and made her very restless, for which occasional doses of chloral were given by the mouth. No change in urine. Distension of stomach and bowels extreme. Sp. am. arom. was given frequently, to aid in expelling gas from stomach. The head having entered the pelvis, her husband administered chloroform and I applied forceps. She was delivered at 8 p.m. of a living male child. She took chloroform well, and only sufficient was given to render her easily controlled. The uterus contracted perfectly, only two or three ounces of blood being lost, although bleeding was rather encouraged as likely to mitigate the comatose symptoms that were gradually developing. Coma followed delivery, with fairly contracted pupils reacting slowly to light. Breathing somewhat stertorous. Flatulency so extreme that the abdomen was scarcely

reduced in size by the delivery. The breath having the odor of chloral, it was thought possible that owing to flatulency the chloral, of which she took less than 2 drs., had not been absorbed during the day, and was being absorbed now, causing the coma. A stomach tube was therefore introduced, and the stomach emptied of both fluid and gaseous contents, the latter being much the greater. This had the effect of rousing her, and by 3 a.m. she asked for the babe and answered questions. The stupor was still great, and continued so during



all next day, except during one or two short intervals. The abdominal distension again became extreme. An effort was made to reduce it by the Faradic current, Dr. A. R. Pyne kindly assisting with his battery. The success was considerable. A further effect of the current was to strengthen the pulse and improve the circulation materially. Twice during the afternoon, the pulse becoming almost imperceptible, even with the hypodermic injection of stimulants, was restored to good fullness and force by the Faradic current. The urine continued fairly abundant, and of the character already described. Towards evening the coma became complete, and she died rather suddenly at 1 a.m. of the 24th.

Only a partial *post-mortem* examination could be done, and for the following report of it and the marked conditions found I am indebted to Drs. G. A. Peters and J. Caven, by whom the examination was made.

*Post-mortem Examination.*—The inspection showed slight jaundice, marked bloating, well marked *rigor mortis*. Section showed—Abdomen: Omentum, peritoneum and intestines healthy; peritoneal glands enlarged slightly. spleen softer than normal; kidneys very large and congested, with multiple miliary, yellow foci, showing beneath the capsule as elevated points, and in the substance of the kidney as minute spots surrounded by a narrow zone of intense congestion. These foci were in some parts scattered and separated widely by kidney tissue, in others agglomerated, so as to present on careless inspection the appearance of rather large caseating patches. These agglomerations, when occurring immediately beneath the capsule in the cortex, formed prominent nodules in many places as large as an ordinary white bean. The capsule, when stripped, brought away portions of these nodules and points with it. Bladder contained a small quantity of purulent urine; uterus firmly contracted, no clots; liver softer than normal. Thorax: heart healthy; lungs, considerable oedema, otherwise normal; right pleural cavity contained a small quantity of serous fluid.

*Microscopic Examination of Kidneys.*—Stained sections of the kidneys presented the following appearances:

1. In certain of the sections the kidney tissue in greater part was normal, with the exception of a slightly granular appearance of the proper kidney cells. Here and there scattered through the sections were very small but dense infiltrations of leucocytes. In some cases the centres of these infiltrations were necrotic, in others not. Masses of micrococci were also found in the vessels or tubules in and around these minute abscesses.

2. In other sections the infiltration of leucocytes was not in patches, but diffuse, the whole of the interstitial tissue being crammed with them. The proper kidney cells, where recognizable, were swollen and the nuclei unstained. Micrococci were found here also.

These sections had the appearance of a commencing diffuse suppurative interstitial nephritis.

This report of the pathologists, in the light of the clinical history, clearly indicates a case of so-called spontaneous pyæmia, in which the brunt of the disease is borne by the kidneys. It is unusual that no foci, suppurative, or hemorrhagic, were to be found in any other organs, especially the liver and spleen. The absence of such foci is due, probably, to the kidney being in the periphery of circulation, the germs thus not gaining access to the general blood current. That the attack was general from the first, and not renal, with subsequent constitutional poisoning, is shown by the fact that it was not till about four days after the illness began that the urine showed the kidneys to be diseased. Had the micrococci fastened themselves on the valves of the heart, malignant endocarditis would have resulted. The kidneys became the seat of attack, probably because pregnancy had rendered them more vulnerable to the germs. The enormous quantities of gas in the stomach and bowels was doubtless derived from the blood being formed there by action of the sepsis. The coma was uræmic; the waste products in the blood were greatly increased, and, at the same time, the kidneys were eliminating much less than normal, hence the uræmia, which was the immediate cause of death.

The cause of the disease in this case is obscure, but the following facts offer a probable solution of the difficulty:—On the day Mrs. W. died, her brother consulted me; he had been unwell for several days. I found his temperature to be 103°, with headache and other symptoms of enteric fever which his illness proved to be, and from which he recovered in due time. On the 26th August, two days later, the youngest brother and sister were taken ill, and both had a typical, though mild attack of lobar pneumonia, the base of the right lung being affected in each case. A day later an older brother and sister were indisposed, with elevated temperature, headache, etc., from which they recovered in a few days. A servant boy took severe sore throat, for which he was sent to the hospital; he recovered in about ten days. The illness of so many persons in the same household simultaneously, pointed to a common source of poison-



ing, and the premises were carefully examined, with the result that a broken tile was found in the drain under the milk pantry. The roots of a tree had grown into it. The odor of peppermint poured into the closet was readily perceived in the milk pantry. The poisoning of the milk by gases escaping from this drain furnishes ample explanation for this general outbreak of sickness.

Mrs. W. spent the afternoon of August 8th at her mother's residence. She drank some fresh buttermilk, of which she was fond; on this occasion it made her sick, and she vomited. This buttermilk, in common with the other milk, must have been poisoned by the gases escaping into the pantry, and the poison gained access to her system probably through a small ulcer or abrasion in the digestive tract, causing general pyæmia, with the suppurative pyelonephritis that resulted.

That there were different diseases in different persons is probably due to the presence of more than one kind of poisonous germs. Typhoid fever is doubtless always due to a specific germ, a bacillus probably; and pneumonia is usually caused by one or more kinds of micrococci, though it may probably be caused in some cases by typhoid poison. These two cases were typical ones, and were probably due to micrococci and not to typhoid poison. The same germ that produces pneumonia in one case, may, probably, in another produce pyæmia, if the conditions are favorable. It is at least certain that micrococci are the active agents in the causation of malignant or ulcerative endocarditis, which is secondary to pneumonia more frequently than to any other disease,\* and malignant endocarditis is often but a symptom of pyæmia and the main central factor in its production. In Mrs. W.'s case, the valves of the heart were able to resist the influence of the micrococci, but the kidneys, altered in some way perhaps by pregnancy, fell easy victims to their attack. Of course, the possibility of infection from some old caseous focus, however minute it might be, in a bone or elsewhere, is to be borne in mind; but the absence of symp-

toms in any part of her history, or of *post-mortem* evidence of a caseous mass, and the simultaneous outbreak of kindred diseases in her family from poisoning, to which she also was exposed, renders the causation assigned extremely probable, if not certain.

84 College Avenue.

## THE FATAL ILLNESS OF FREDERICK THE NOBLE.

BY SIR MORELL MACKENZIE, M.D.

ANNOTATIONS BY

G. STERLING RYERSON, M.D., L.R.C.S., EDIN.,

Professor of Eye, Ear, and Throat Diseases in Trinity Medical College.

The above is the title of the reply of Sir M. Mackenzie to his assailants. The book is divided into two sections, the historical and the controversial. The political aspects of the case and the inner history necessarily, and at the instance of august personages, are left at present unpublished. The book is well gotten up, and contains twenty-two illustrations, showing the larynx and the growth at different periods, the various tracheal tubes, also the false passage and diffuse abscess cavity by Von Bergmann.

The historical portion deals with Mackenzie's visits to Berlin and Potsdam, the first consultation at which the first hostility was shown him. After making an examination, the physicians retired for consultation. Mackenzie then said, "There is nothing characteristic in the appearance of the growth, and it is quite impossible to give a definite opinion as to its texture without a more searching examination. The first thing to be done is to pick off a piece of the growth through the natural passage, and have it examined microscopically by an expert." Prof. Gerhardt said it would be difficult, Prof. Tobold expressed a similar opinion. I then turned to Gerhardt, and said, "Will you try?" He replied, "I cannot operate with the forceps." I next asked Prof. Tobold if he would make the attempt, but he also declined, saying, "I no longer operate." These replies increased the surprise which I already felt at a case of such a nature having been entrusted to the hands of

\* Osler's Gulstonian Lectures. *British Med. Journal*, 1885, Vol. I., p. 578.

these gentlemen, for a throat-specialist who cannot use the forceps is like a physician who cannot use the stethoscope, or a carpenter who cannot use a saw."

Gerhardt on the occasion of the second operation, accused Mackenzie of removing a piece of the healthy vocal cord. Mackenzie denies this absolutely, and says, "I did not, because I could not with his model of forceps."

He thus defines his position: "I repeat that I gave no opinion one way or the other as to the nature of the disease. I did not say that it was not cancer: I only said that that opinion was 'not proven' and in the absence of positive proof I refused to sanction surgical procedures which at present are at the best more or less of the nature of experiments, which are dangerous to life and nearly always destructive to the voice."

Practically Mackenzie claims that the case was originally one of papilloma, which was cured (see fig. 4, p. 47, made June 28th); and which entered on a new phase on or about September 9th.

Things went on from bad to worse until February 9th, when dyspnoea became urgent, and tracheotomy had to be performed by Dr. Bramann, sent from Berlin for that purpose. The canula used was one of extraordinary size and length, and it was not long before it made its presence felt by pressing on the posterior wall of the trachea and causing cough and hemorrhage. On February 28th, a new tube was made in San Remo by a silversmith under Sir Morell's directions. When used this gave great relief. On March 9th the Emperor William died, and next day the new monarch started for the capital. Matters went on for some weeks without much change. On the night of the 12th April, Mr. Hovell noticed that there was a rattling noise apparently in the tube. Several times during the night the position of the tube was altered. The next morning it was determined to change it. Out of courtesy, Von Bergmann was sent for. He did not arrive until five p.m., and then in a state of great excitement. Without making any remark, he pulled the old canula out of the neck and roughly endeavored to push another in. This was followed by a violent fit of coughing and considerable bleed-

ing. Von Bergmann then *pushed his finger deeply into the wound*. Bramann at that moment fortunately arrived on the scene, and introduced a moderate-sized canula into the trachea with ease. The Emperor continued to cough almost incessantly, and lost much blood. After the Professor left, His Majesty said, "Why did Bergmann put his finger into my throat." I replied, "I do not know." His Majesty then said, "I hope you will not allow Professor Von Bergmann to do any further operations on me."

The result of this treatment was the formation of a diffuse abscess, necrosis of the cartilages of the trachea, and indirectly death. Gerhardt is held responsible for the extreme cauterization of the larynx with galvano cautery (every day for two weeks), as having caused a benign growth to become malignant, and Bergmann finished the business. These are the chief counter-accusations.

*Controversial.*—The truth about the proposed operation, Sir Morell says, "I propose to show (1) that the operation of thyrotomy which it is stated was proposed to be performed on the Crown Prince in May, 1887, is not free from risk, as is pretended by Von Bergmann, but on the contrary, is a dangerous procedure, soon leading to death. (2) That the proposed operation does not afford a fair prospect of eradicating a malignant growth, but, on the contrary, is most frequently followed by recurrence. (3) That the presence of cancer was not ascertained even with approximate certainty until November, 1887, if indeed it really existed before that date."

*Palliative Treatment*—*Life is preserved* under normal circumstances for at least one year, and under a favorable state for two years.

*Radical Treatment (Thyrotomy)*—*Life is sacrificed at once* as the result of the operation in 27.2 per cent. of cases, while in 54.54 per cent. death is hastened. A complete cure has been obtained twice.

Such is a brief sketch of this remarkable book, which I would advise everyone interested in the case to obtain. It is published by Sampson, Low & Co., London, and can be had in this city.

60, College Avenue.



## Selections.

*We are indebted to Drs. NEVITT, McDONAGH, and ACHESON for translations from the Italian, German, and French.*

### HALLUX VALGUS.

When a mucus bursa is formed on the prominent part of the hallux valgus and the sac is inflamed, recourse must be had to operation. Ablation of the bursa is insufficient, and therefore, according to the method of Hueter in patients of the laboring classes, it is usual to take away the prominent head of the first metatarsal, even though the suppuration in the bursa may not be diffused into the metatarso-phalangeal articulation. Favorable results have been communicated by Hamilton, Rose and Sayer.

The removal of this bone is insignificant enough only when there is a flat foot. If one ascended with the entire sole of the foot the head of the first metatarsal bone would have no particular importance; and, indeed, a lady on whom the author excised the entire head of the first metatarsal, on account of suppuration in the articulation, walked without pain, notwithstanding supervening ankylosis, because she had a high grade of flat foot.

Quite otherwise is it in feet of normal conformation, in which the head of the first metatarsal constitutes the principal support of the arch; if this is taken away, the arch is lowered, and contemporaneously the heads of the remaining metatarsals, which then sustain a proportionately greater weight, bury themselves in the sole of the foot, whilst the toes are turned upwards towards the dorsum.

This happened in the case of a young girl of eighteen, in whom the author resected the heads of the first metatarsals in both feet. In the first month following the operation the girl walked well enough, then followed intense pains in the sole of the foot, and the heads of the metatarsals touched the ground very distinctly. One year after the operation she could move only with great difficulty with crutches, and the author was obliged to remove the heads of the remaining metatarsals in order to restore the equilibrium. Fortunately the

operation succeeded well, and the patient has a small, graceful and useful foot, can walk and jump well, no pain in cicatrices. Yet with all this, this operation is to be remembered as a deplorable consequence of an operative act in appearance well justified.

This case demonstrates that Hueter's operation may be followed by unpleasant consequences; and that in normal feet it should be replaced by another process.

In four cases Reverdin took away with the scalpel the exostosis on the internal side of the head of the first metatarsal, and then cut a wedge from this bone above the head, after which the digit was straightened. Yet in the publication of his cases, he had not been able to furnish definite results; but it is not improbable that these may have been favorable, because the heads of the metatarsals remained intact.

It is still more simple to remove the exostosis from the metatarsal, but not to touch the bone of the first phalange and to level somewhat the articular face of the metatarsal bone. This method has given the author good results in four cases. The first operation (Oct. 14, 1885), was done on a girl twenty years of age, with bilateral hallux and inflammation of the mucous bursæ. The head of the metatarsal bone presented a sagittal groove, which divided the old articular surface from the new. The second case (April 13, 1886), was for the same trouble, in a girl of twenty-one years, in whom arthritis was already present, the cartilage injured and the capsule hyperæmic and covered with villi. The other two cases were in men fifty and fifty-five years, with notable arthritis deformans, and in one of these there had been developed spontaneously an acute inflammation of the articulation; in the other, operation was called for by inflammation of the mucous bursa. In the first three operations he obtained movable joints, performing their functions painlessly. Hallux valgus being usually found with the toe strongly abducted against the other toes. After operation it naturally tends to return in slight abduction; but this abnormal position is not augmented by the progress of time, nor does it give rise to trouble.

The patient last operated upon cannot yet

move the joint, and it is possible that it may yet remain ankylosed, which also happens in resection of the head.

Occasionally articular suppuration gives rise to necrosis of the metatarsal head, when extraction only remains. In many cases, however, this necrosis is only partial, and then one must seek to preserve as much as possible the arch of the foot, by sacrificing as little as may be a portion of the first phalange, so as to procure space to drain the joint.—*Riedel in Giornale Internazionale.*

**RAILWAY INJURIES.**—Dr. E. M. Moore, of Rochester, when speaking on Railway Injuries, at recent meeting of New York State Association, said: He thought we must distinguish between injuries to the limbs of boys and to those of grown men. The tissues had a greater recuperative power in the former case. Where he found the artery at the extremity of a crushed limb beating strongly that decided him. If the vessels were intact, the limb could probably be saved. He cited an instance where an arm had been drawn in and its bones broken into fine pieces between the somewhat loosely set cogs of some machinery. The radial pulse, however, was firm; he did not amputate, and the limb recovered. But in a very great number of railway accidents there was no room for doubt; there were often no bodily injuries of account except the complete destruction which car-wheel and rail, or two buffers, had but too certainly achieved in hand, arm, or leg. Immediate amputation was then everything. He had once removed such a limb, in the days before ether was known. The patient had not seemed to be conscious of any pain connected with the operation, and his first words had been when the arm was off: "Doctor, you don't know how much better that feels."

He would say, in such cases, Give them heat, give them whisky and ether; but give them the knife. The terrible strain on the nervous system from the state of things in the injured limb, where the force had been immense, could not be too soon ended, nor the mental distress, which of itself might soon make the continuance of life impossible. And he had found

the hot bichloride solution an anæsthetic as well as an antiseptic on the surface of the clean amputation wound, which he substituted with all speed in such cases. Where there was uncertainty as to the extent and character of the injury, he placed the limb in hot water and waited perhaps several days.—*New York Medical Journal.*

**TREATMENT OF OBESITY.**—Mr. Towers Smith, a surgeon of London, in a letter to the *British Medical Journal*, says:—Some three years ago, finding that my weight had increased enormously, I determined to try the following treatment for obesity. On March 1st, 1885, I weighed, in the Jermyn Street Turkish Bath, 15 stones 10 pounds; on the 2nd I commenced the treatment, which was as follows:—Breakfast: one pound of rump steak, without fat. Lunch: another pound of rump steak. At dinner: one pound of grilled cod and one pound of rump steak. I drank at intervals during the twenty-four hours a gallon of hot water. The last thing at night I took two tablespoonfuls of Scotch whisky in cold water, and night and morning 5 grains of bicarbonate of potash. On the 16th I weighed again in Jermyn Street, and I found myself reduced to 14 stones 6 pounds. I then reduced the amount of water, and began to take tea or coffee, reducing the quantity of meat, and taking toast with it. On April 8th my weight in Jermyn Street was reduced to 13 stones 4 pounds. I gradually from that date returned to my usual habits of life as regards diet; and on the 30th I weighed again, and my weight was 12 stones 11 pounds, and since that date up to now has not materially varied; I have eaten and drunk as I pleased. Finding this course of treatment was personally successful, I have since treated forty patients with equal success. Before I placed myself under treatment I found my breathing much oppressed in going up-stairs, and my work as a general practitioner irksome and fatiguing. I have derived enormous benefit from the reduction of fat, and feel infinitely better, and am able to cycle as much as fifty miles a day with comparative ease. I think it may be useful to put my experience before the profession.



DOES THE MENSTRUAL FLOW ORIGINATE IN THE TUBES?—Dr. E. J. Chapin Minard, of Brooklyn, gave in a paper read before the New York State Medical Association a description of a case of inversion of the uterus where a dark, healthy flow, but without epithelia, had come from the tubes, which were under direct observation. The uterus had, during the whole epoch, been congested and bright red, but at no time moist enough to stain a piece of paper rubbed over its surface. The tubes were dilated at their openings. Judging from the anatomical make-up of the womb, and from various clinical facts, she was convinced that this was the natural order of things, and that, while epithelium and *debris* of decidual origin were washed away, no blood escaped from the uterine wall. Sometimes when, in doing Battey's operation, the surgeon failed to remove the tubes close up to the uterus, menstruation had continued, although no ovaries remained.—*New York Medical Journal*.

PREGNANCY AS A REMEDY FOR EXOPHTHALMIC GOITRE.—A contributor to the *Progrès Médical* calls attention to an old observation of M. Charcots, illustrating the ameliorating influence of pregnancy on exophthalmic goitre, and relates the history of a case of his own in which the same effect seemed to be produced. He concludes that this phenomenon points to an additional therapeutical resource in that disease, but admits that it is not always easy to carry out the prescription, although he mentions no other drawback than the fact that the affection is not confined exclusively to women.—*N. Y. Medical Journal*.

TREATMENT OF HYDATIDS BY THE INJECTION OF OX GALL.—Juan Mercat (*Revist. Balear. d. cien. med.*), in consequence of the success obtained by Professor Dolbeau and M. Luton, has treated a case of hydatid of the thigh, from which acephalocysts were being discharged by irrigation of six per cent. boric acid solution and injections of ox gall mixed with an equal quantity of lukewarm water. Three injections, he says, sufficed to expel all the hydatids with their membranous envelopes.—(*Lyon Méd.*)—*Medical Chronicle*.

HELLEBOREIN AS A LOCAL ANÆSTHETIC.—Venturini and Gasparini (*Internat. klin. Rundschau*, April, 1888) found by experiments on rabbits and dogs, that instillations of weak solutions of helleborein ( $\frac{1}{10}$  gr. per drop) into the conjunctival sac cause after about fifteen minutes anæsthesia of the cornea; half an hour after the first application the first signs of returning sensibility appear. Pupil, eyelids, acuteness of vision, intra-ocular pressure, remain unaffected; no symptoms of irritation are observed. Extract of strophanthus, too, is said to possess anæsthetic properties.—*Medical Chronicle*.

TREATMENT OF PNEUMONIA BY DIGITALIS IN LARGE DOSES.—M. Petresco has treated a large number of acute pneumonias with very great success by the administration of four grammes of digitalis leaves in infusion every half-hour, by mouth. The infusion is prepared with four grammes of digitalis leaves to 200 grammes of water and forty grammes of syrup. Generally the disease is checked in three days. The fever and all the physical phenomena, local as well as general, disappear as by magic. In spite of these large doses he has never seen poisonous effects, tolerance having been incontestably proved by 577 observations published in his work on therapeutics. By this treatment the mortality of pneumonia has been reduced to 1.22 per cent.—*Lyon Médical*, Octobre, 1888.

CHINESE "NERVELESSNESS."—That China is at least in some respects the moral antipodes of America, as well as its geographical one, is shown by a writer in the *North China Herald*, of Shanghai, who has lately been devoting a series of articles to the discussion of Chinese characteristics. Referring to what he calls the "nervelessness" of the Chinaman, this author observes that, although the nerves of the Chinaman as compared with those of a European may be what geometers call "similar and similarly situated," nothing is plainer than that the two sets of nerves are wholly different. It seems to make no particular difference to a Chinaman how long he remains in one position. He will write all day like an automaton; he will stand all day in one place, from dewy morn till dusky eve, working away at his weaving,

gold-beating, or whatever it may be, and do it every day without any variation of the monotony, and apparently without any consciousness of the monotony. Chinese school-children will undergo an amount of confinement, unrelieved by recesses or changes of work, which would drive western pupils to the verge of insanity; even Chinese infants remain as impassive as "mud gods."—*Boston Medical and Surgical Journal*.

**TETANINE.**—The researches of Flugge, Nicolaire, Rosenbach and others, having proved that tetanus is produced by a bacillus, led to Brieger's experiments by which he succeeded in isolating a special ptomaine from cultivations of the tetanus bacillus. In the present communication he carries the subject a step further by demonstrating the presence of this ptomaine—which he calls tetanine—in the human subject during life. A workman received severe injuries to the right arm, the result of a machinery accident. On the ninth day after the accident the initial symptoms of tetanus set in—trismus and cramps of neck and abdomen—and on the following day clonic convulsions. The injured arm was amputated and immediately transferred to Dr. Brieger for chemical examination. The soft parts were detached and finely divided, and then treated after Brieger's method for the isolation of ptomaines. The result was that a small quantity of an extremely easily soluble, crystalline, double-salt of platinum was obtained, which corresponded with tetanine platinic chloride in percentage of platinum. The physiological action of the ptomaine, after the removal of the platinum, proved the presence of tetanine. Some of the tissues were examined microscopically and various bacilli, as staphylococci and streptococci in addition to the tetanus bacillus were found. The fluid from these tissues when subcutaneously injected into mice invariably produced tetanus; dogs submitted to the same experiment were unaffected, as was also a horse. Cultivation from these tissues yielded tetanine, but no tetanoxine nor spasmotoxine, both of which were present in the original cultivations from Rosenbach. A large dose of tetanine injected into a horse produced violent muscular contractions, but no actual tetanus. It is worthy of remark that in two cases in

which tetanus was the cause of death neither pathogenic organisms nor tetanine were found in brain, cord, or nerves.—*Medical Chronicle*.

**SURGICAL TREATMENT OF TUBERCULOSIS OF THE BLADDER.**—Dr. Guiard reports several cases of radical cure of vesical tuberculosis by operative interference. The cases best suited for operation are those where the tubercle is primarily vesical and not secondary to tubercular disease of the testis, or prostate. The bladder is laid open by section above the pubes in the middle line, and all the tubercular nodules and masses brought into view, scraped with the curette, and cauterized with the thermocautery, so that they are completely destroyed. The results in several cases thus treated have been all that could be desired.—*Journal de Médecine de Paris, Septembre, 1888*.

**LESION OF THE GASSERIAN GANGLION.**—A young man, age 28; unmarried; shepherd by occupation; in good health previously, was, as the result of severe sun-stroke, seized with fever and headache with loss of consciousness. At the end of three weeks the headache alone remained, but sufficiently severe to cause the patient to apply for admission to the Madrid General Hospital. He then presented the following conditions: pallor, general emaciation, paralysis, insensibility of the left half of the body, ptosis with slightly contractible pupil and absence of vision in the left eye. Examination with the ophthalmoscope showed the right eye to be healthy, and in the left insensibility of the cornea, the histological elements of which were intact, dilatation of the pupil, pallor of the retina with decrease in size of its arteries, and an almost varicose condition of the veins. The rest of his organism was in a normal condition. Dr. Espina, of Capo, diagnosed a *lesion of the left gasserian ganglion*, and gave a grave prognosis after beginning a treatment with potassi iodidum, the patient was carried off by an intercurrent pneumonia.

*Post-mortem.*—The left gasserian ganglion was found degenerated, and so adherent to the bone that it could not be removed without tearing off with it the periosteum and several fragments of the temporal and sphenoid



bones. The ganglion formed an indurated mass in which all nervous organization had disappeared, and with blackish clots in the nutrient arteries. This degeneration was probably due to an inflammation following sclerosis.—*Resista de Medicina*.

TREATMENT OF ULCERS OF THE LEG BY SULPHATE OF COPPER AND BY ZINC GELATINE.—1. M. Quénu has obtained good results by dressing these ulcers with compresses of lint or gauze, wrung out of a 1 per cent. solution of copper sulphate. The compress should be large enough to cover the ulcer and the skin for some distance surrounding it. A piece of oil-silk, or other water-proof material, is applied over it, and the whole kept in place by a carefully adapted bandage. Rest in bed may also be necessary. The dressing should be renewed every third day, and the surface of the ulcer should not be touched or even washed, for irrigation is very apt to wash away the islets of epidermis which may be formed.

2. Zinc Gelatine is to be prepared as follows:

Zinc oxide.

Gelatine . . . . . 5 parts by weight.

Distilled water. 6 " " "

Pure glycerine. 8 " " "

The gelatine is first dissolved in water at a moderate temperature, and when the whole is reduced to a uniform mass, the oxide of zinc, finely powdered and mixed with water, is added along with the glycerine. It is then well mixed, and after evaporating the water, spread out as a paste on a slab. It should have the consistency of glue, and should be white and not sticky. To use it, a sufficient quantity is put in a small vessel kept in boiling water, when it will become syrupy, though it may be necessary to add a little water.

A moderately thick layer of this zinc gelatine is to be applied warm with a brush or feather after the leg has been carefully washed and cleaned. It is to be put on the exact size of the ulcer, and covered with iodoform or some other antiseptic powder, such as subnitrate of bismuth, boracic acid, or naphthaline; a small compress of absorbent cotton or gauze is put over it, and the whole kept in place by a carefully adjusted gauze bandage, making pressure

towards the centre of the ulcer. The dressing soon dries, and the patient may go about his work, not requiring to be kept in bed. It may be changed at the end of three or four days, or a week.—*Gazette des Hôpitaux*.

PROLONGED INJECTIONS OF HOT WATER IN EPITHELIOMA OF THE CERVIX UTERI.—M. De Tornery (*France Médicale*), has arrived at the following conclusions:

1. Injections of water at a temperature of 39°-40° C. continued for at least half an hour, and used twice a day—one in the morning and one in the afternoon about 4 o'clock—disinfect the vagina very well, completely cleansing this canal and notably diminishing the ichorous secretion.

2. The injections greatly lessen the loss of blood, so that there results a very marked improvement in the general condition. The well-known hæmostatic action of hot water is perfectly sufficient to explain the arrest of the hemorrhage.

3. In the majority of cases pain is greatly lessened, and there is no longer need to have recourse to hypodermics of morphia.

M. De Tornery has noticed that frequently the progress of the tumor was retarded.—*L'Union Médicale*.

ANTISEPTIC SURGERY AT THE HOSPITAL DE LA SALPETRIERE; USE OF BOILING WATER.—By M. Terrillon, (Paris.) The writer insists particularly upon the value of disinfection of instruments by boiling water. Pasteur's experiments first, and afterwards Roux's, have demonstrated that water at 100° C. destroys all pathogenic microbes. It is true that the spores resist this temperature, but they lose the faculty of developing rapidly, and, besides, a second immersion in boiling water some days afterwards will kill the microbes to which the germs have given origin. Lastly, as a matter of fact, all the surgeons who have made use of this means of disinfection have had marvellous results. After every operation the cleansed instruments should be plunged for ten minutes into boiling water, and before the next operation, they should be again immersed for ten minutes.

Water at 100° C. serves also for the disinfection of silk. After ten minutes' boiling, it is

placed in bottles filled with Van Swieten's solution or carbolic lotion. At the moment of use it is once again plunged into boiling water.

M. Terrillon covers the points of suture with a layer of iodol or iodoform ointment, and strongly recommends the practice.—(*Le Progrès Médical*)—*Annals of Surgery*.

EXTENSIVE CARBUNCLES TREATED BY ERASION; RAPID CONVALESCENCE. By Edmund Owen (London). The patient, a thin, unhappy looking man, aged 55 years, a carpenter by trade, was admitted on December 9th, 1887, for carbuncles over each shoulder blade. They had been developing for about three weeks. The long diameter of the right sore was five inches; the skin was much undermined; a large central slough was bathed in offensive pus. The left sore was rather larger than the right, but the slough was more adherent. The man was utterly prostrated. Under ether, the sloughs were removed and the sores scraped out, the undermined skin was trimmed and the surface which it covered thoroughly cleaned out with Volkmann's spoon. The wounds were then washed with 1-1000 sublimate solution, and dusted with iodoform and covered with moist perchloride gauze and pads of blue wool. The man made a rapid recovery.—(*Lancet*)—*Annals of Surgery*.

SULPHURIC ETHER IN HEART AFFECTIONS.—In enfeebled conditions of the heart, sulphuric ether has for a long time been used both internally and also by subcutaneous injections. I have myself been convinced, in many cases of hearts weakened by acute disease, of the excellent effects of subcutaneous ether injections: the pulse immediately after the injection becomes stronger, fuller and slower. The effect, however, is generally not of long duration. Not long ago, von Bamberger reported a case in the *Wiener Klin. Wochenschrift*, where in a patient with fatty heart, the dyspnoea, which had increased to a dangerous extent, and the marked symptoms of congestion, all disappeared after the hypodermia injection of a single Pravaz syringeful of ether. Hügerstedt also recommends, in the *Petersb. Med. Wochenschrift*, the ether injections in insufficiency of the heart.

The results of the ether injection depends, of course, upon the strength or capabilities of the heart muscle. In advanced cases of heart debility, if the general causes on which it depends cannot be overcome or, at least, mitigated, or when the causes have resulted in great degeneration of the heart muscle, then the effect of the ether injection is either *nil* or slight, and of short duration. At the best, under such circumstances, life can only be prolonged by assisting the enervated heart-power. When, however, weakness of the heart suddenly occurs, evidently dependent upon atony or dilatation, with, at the same time, a sufficiency of healthy muscular fibres, then it is only necessary to exert a powerful impulse in order to bring about increased contraction, and thus quickly restore the normal equilibrium. In such cases ether exerts a marvellous and even life-restoring action.—*Dr. M. Heitler, in Centralblatt für Therapie*.

### Therapeutical Notes.

R Petrolei. ....  
Balsami. peruv. .... aa ʒii.  
Ol. lauri. .... gtt. viij.  
Ft. liniment. ℥

In pediculi pubis to be applied with a camel's hair pencil.

R Hydrarg. biniodid. ....  
Potass iod. .... aa 1 part.  
Aq. distill. .... 1000 parts.

To be used as a steam inhalation in tuberculosis.—*Miquel & Rueff*.

R Potass sozoiodol. .... gr. xv.  
Lanolini. .... ʒv.  
Vasellini alb. .... ʒss.  
A dressing for wounds. ℥

R Trypsini. .... 200 parts.  
Sodæ. bicarb. .... 200 "  
Hydrarg. bichlor. .... 1½ "  
Glycerinæ. .... 400 "  
Aq. rosar. .... 3000 " ℥  
A steam inhalation in diphtheria of children.



R Amyli..... }  
 Acid borac..... } Equal parts.  
 Trae. benzoës..... }  
 Snuff powders in coryza. ℥

R Cocain mur..... 5 parts.  
 Acid carbol..... 5 "  
 Mentholi..... 5 "  
 Engenoli..... 10 "  
 Lanolini..... 75 "  
 A nasal balm. ℥

R Zinci. Sozoiolol..... ʒi.  
 Aq. distill..... ʒvj.  
 Injection in blenorrhœa. ℥  
 —*Centralblatt für Therapie.*

DRESSING FOR ULCERS.—Besse treats chronic ulcers by sprinkling the surface with antipyrine; over this is placed a layer of salicylated cotton, kept in position by a bandage. The dressing is changed every day. When granulations appear, the ulcer is touched with nitrate of silver, and covered with pulverized iodoform.—*L'Union Médicale.*

PILLS FOR MELANCHOLIA.—Defoe recommends the following formula for administration to nervous women affected with attacks of sadness or melancholy:

R Zinci valerianat.,  
 Quiniæ valerianat.,  
 Ferri valerianat., aa 1 gramme, (grs. xv.)  
 Mucilag, q. s.  
 Div. in pill. No. xx.  
 Sig. A pill before the two principal meals.—  
 (*L'Union Méd.*)—*St. Louis Courier of Medicine.*

UNGUENTUM POTASSII IODIDI.—Apotheker, F. (*Pharm. Zeit.*, July 28, 1888) recommends the following prescription for a perfect ointment of iodide of potassium:

R Pot. iod. .... 20 parts.  
 Aq. destill..... 13 "  
 Ung. paraffin..... 153 }  
 Lanolin ..... 17 } 170 "

F. also states that a mixture of ung. paraffin with lanolin, in the proportion of 9:1 is an excellent ointment base.—*Medical Chronicle.*

HYDROCHLORATE OF APOMORPHIA IN COUGHS.—Dr. Stocquart, of Brussels, has employed this compound with success in certain kinds of coughs characterized by their frequency, and very difficult expectoration. A few days sufficed to bring about considerable improvement. The drug is generally well borne, although some persons show a particular susceptibility; yet one rarely sees colic, nausea, or diarrhœa supervening. The dose is extremely small, for Dr. Stocquart prescribed only three or four milligrammes dissolved in water in the twenty-four hours. As this solution rapidly decomposes, it is well to add a few drops of hydrochloric acid, which in no way influences its therapeutic effect.—*Journal de Médecine de Paris, Septembre, 1888.*

FOR ITCHING.—To relieve the itching of hemorrhoidal affections, pruritus ani, pruritus senilis, etc., wash the part with lukewarm water and good soap; then rub in lanolin in the following combination:

R Lanolin puriss..... 30 parts.  
 Vaselini,  
 Olei olivæ ..... āā 20 parts.

When the itching about the anus is severe, cocaine may be added thus:

R Cocainæ hydrochlorat .. ʒ<sub>10</sub> to ʒ<sub>5</sub> part.  
 Lanolin puriss ..... 30 parts.  
 Vaselini,  
 Olei olivæ ..... āā 20 parts.

The addition of ten per cent. of flowers of sulphur has proved useful.—(*Therapeutische Monatshefte*)—*Medical News.*

ACTION OF IODIDE AND BROMIDE OF POTASSIUM ON MORPHINE.—The experiments of Dr. H. Kunz have proved that when potassium iodide or bromide is added to a solution of a salt of morphine, a precipitate of iodhydrate or bromohydrate of morphine is thrown down. These precipitates are easily soluble in alcohol, but soluble with difficulty in water. The following conclusions are drawn:

1. We should avoid, as far as possible, prescribing iodide or bromide of potassium in a mixture containing a salt of morphine; or if we do, the formation of a precipitate should be

prevented by the addition of alcohol to the mixture.

2. Prescriptions containing these salts should bear the label, "shake before using."—*Journal de Médecine de Paris*.

#### A USEFUL MENSTRUUM FOR OILY MIXTURES:

R Cort. quila. sap. .... 5 dr.  
 Bals. tolu. .... 7 oz.  
 Vanillæ .... 1 dr.  
 Juice of 2 lemons.  
 Sp. vin. rect .... 2 O

Bruise the quillaya bark and the vanilla with the balsam, and digest with the lemon juice and spirit for six days, then filter. This tinctura emulsiva holds oils or resins in suspension. With castor oil it may be used thus:

R Ol. ricini. .... 1 oz.  
 Tinct. emuls. .... 1½ drs.

Rub together in a mortar and add simple syrup 1 oz., aq. flor. aurantii ½ oz., and an elegant mixture will be obtained.—(*Bull. Thérap.*)—*Medical Chronicle*.

TREATMENT OF ACNE VULGARIS.—M. Isaak, at the Society of Medicine at Berlin, strongly recommends for acne vulgaris the use of a resorcin paste, made according to the following formula:—

R Resorcin ..... 2·5—3 gram.  
 Zinci oxidi .....  
 Pulv. amyli ..... āā 3 gram.  
 Vaseline ..... 10 gram.

This paste is to be kept constantly applied to the parts affected, if the occupation of the patient will permit; if not, it may be applied at night, and removed in the morning by means of olive oil, after which the affected parts are to be covered with starch powder. It produces no irritation, and its therapeutic effect is very rapid—often in three days.—*Gazette des Hôpitaux, Septembre, 1888*.

The medical practitioners residing in Alsace-Lorraine have been informed that in the future they will have to write their prescriptions either in German or Latin.

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.*

*Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.*

TORONTO, DECEMBER, 1888.

Owing to the issue of the index with this number we have to hold over, till next month, much excellent original matter, book notices, etc.

### ANNOUNCEMENT.

We desire to announce to our patrons and friends that, from and after the first of January next, THE CANADIAN PRACTITIONER will be published as a *semi-monthly*, instead of a monthly, as heretofore—twenty-four issues in the year being given, instead of twelve.

The history of THE PRACTITIONER, now about to enter on its fourteenth year, has been that of steady progress and development, until now it stands acknowledged as the leading medical journal of Canada, not only for the ability of its editorial management, and in the high character of its contributed articles, but also in the patronage of its subscribers and advertisers.

At the beginning of this year a great improvement was made in the typographical appearance and material make-up of the journal, a complete new font of type being provided for it, and paper of the very best quality obtainable being used for both its inside and its cover pages.

At the same time its business management was entrusted to ourselves; and we may say, candidly, that we have spent both time and



money freely in our endeavors to promote its circulation and increase its intrinsic value. And, we may add, we have had our reward; we are quite satisfied with the results.

For the future, as now for some years back, the editorial management will remain with the three gentlemen whose names stand on the title-page of each number—names well known and esteemed, and in themselves a guarantee that nothing will be admitted to the columns of THE CANADIAN PRACTITIONER not considered of the utmost practical value to its readers, at the same time what is best and worthiest in Canadian medical literature will be sure to seek expression in the pages under their control.

We may say further, that we are assured by our editors, that nothing which they can do to make THE PRACTITIONER useful and interesting to its readers, will be left undone by them; and that they see their way to the presentation of many new features, which both they and we trust will meet with the approval and endorsement of our friends.

In conclusion, we would ask of the present subscribers of THE CANADIAN PRACTITIONER that they remain with us for the future, and help us to make this new venture an assured success. The publication of a large magazine, well printed on high priced paper, and bound, like THE PRACTITIONER, is a much more expensive matter than most people imagine, and can be justified only by the co-operation and goodwill of many loyal helpers. But in trusting to our friends and patrons for their co-operation and goodwill we are sure we shall not be disappointed. The price will remain the same, viz., \$3.00 per annum in advance.

J. E. BRYANT & Co.

The 2,476 physicians of New York City are said to agree that "the profession is overcrowded."

## DIDACTIC LECTURES.

The opinions of so able and experienced a teacher and lecturer as Dr. Geikie are worthy of very careful consideration, and we cordially agree with many of his observations on the importance of didactic lectures, contained in a letter published in this issue. The teacher who "rivets the attention of his class" can and does assist very materially his students, and his work will ever be of great value in a medical course. Didactic teaching, in former days, when books were scarce and laboratories also unknown, was practically the only method of imparting instruction in the Medical Schools.

We need not attempt to describe the changes in our methods which have been necessitated by continuous advances in all departments of our science and art. The teaching in the primary subjects has become in the best institutions largely demonstrative and practical in its character. In the final branches the tendency is in the same direction. To take the disease pneumonia, mentioned by Dr. Geikie as an illustration, we should have a knowledge of the physiology, gross and microscopical anatomy of the normal lung; gross and microscopical pathology: then the didactic *rivetter* could with great utility describe the disease and turn the student over to the clinical teacher. Where the importance of every link in the chain is so marked, we need not discuss at length the relative merits of the different kinds of instruction; but we are inclined to the view, which is now generally recognized, that, in the interests of the student, the clinical teaching is the more profitable.

Even if we consider them of equal importance, a serious difficulty remains. We find that the students in Toronto have to attend so many didactic lectures that they have not sufficient time to attend properly to their duties as clinical clerks and surgical dressers. As evidence of this, we may state that at least nine-tenths of the surgical dressing in the Toronto General Hospital is done by the nurses and not by the students. It is rather humiliating to have to make such a statement, but we may as well face the facts and endeavor to provide a remedy.

It happens that we find a strong advocacy

of views similar to ours in the introductory address of Dr. Stewart, of McGill College, published in the November number of the *Montreal Medical Journal*. He refers to that great medical teaching centre, Edinburgh, where only one course of purely didactic lectures is required in each of the subjects. Several years ago the University of Toronto established a similar curriculum, but was induced by the requirements of the Schools and Medical Council to make a change. Perhaps a compromise might be effected by which a second course of 50 instead of 100 didactic lectures, and one course in medical jurisprudence, instead of two, would be demanded.

#### DENTISTRY IN ONTARIO.

The recent affiliation of the Royal College of Dental Surgeons of Ontario with the University of Toronto, and the formulating by that institution of a curriculum in dentistry leading up to the degree of Doctor of Dental Surgery, is the latest, and perhaps the most important, step in the development of the profession of dentistry in Ontario.

But little more than twenty years ago, dentistry in this Province had no claim to professional standing. Having no legal status, there was no standard of qualification, which students were required to reach. The only means of instruction was pupilage in the office of a dentist. In most cases the terms did not exceed from three to six months, sometimes even less, and the embryo dentist was let loose upon the community ignorant of the very elements of his calling. In the year 1865, a few of the most progressive men organized the Ontario Dental Association, which soon included in its membership more than half the dentists in Ontario.

Incorporation by statute was discussed, and arrangements made for application to the Legislature. The confederation of the provinces in 1867, with local legislatures having control of local matters, greatly facilitated this enterprise.

At the first session of the Ontario Legislature application was made in due form, and on March 4th, 1868, the "Act respecting Dentistry," incorporating the dentists of Ontario as

the "Royal College of Dental Surgeons of Ontario," became law. This statute is the earliest efficient dental legislation in the world, although as early as 1841 an Act regulating the practice of dentistry was passed by the State Legislature of Alabama, which, however, does not appear to have been enforced.

The control of dentistry was placed in the hands of a Board of Directors elected biennially by the legally qualified practitioners, and which holds the same relation to dentistry that the Council of the College of Physicians and Surgeons of Ontario does to medicine. A curriculum fixing the term of pupilage, subjects of study and examination, was immediately prepared and put in force; and system and order commenced to evolve out of the chaos which had previously existed.

Since March, 1868, no one has been permitted to enter upon the practice of dentistry until he had been duly examined and licensed by the proper authority.

In 1872 a matriculation examination was established, and since 1882 this has approximated closely to that required by the College of Physicians and Surgeons.

In 1875 a School of Dentistry was established by the Board of Directors under the provisions of the Dental Act, and regular winter sessions have since been held.

The curriculum includes, besides dentistry proper, anatomy, physiology, chemistry, principles of medicine and surgery, histology, etc. The period of pupilage is three calendar years, under indentures with a Licentiate of Dental Surgery, including attendance on at least two full courses of lectures at the School of Dentistry.

The final examinations, conducted by the Board of Directors, are severe, and each year from fifteen to twenty-five per cent. fail to reach the standard. There are now on the books of the college about 100 undergraduates, fifty-four of whom are in attendance at lectures in the School of Dentistry.

We learn that a considerable number of the graduates and senior students of the Royal College of Dental Surgeons purpose matriculating in the Dental Department of the University at an early date, with a view to presenting them-



selves at the first examination for the degree of D.D.S., which commences March 25th, 1889. The requirements of the curriculum are fully abreast of those of similar departments in the best American universities, and the high standard maintained in the other faculties of our university will no doubt be required in the Department of Dentistry.

We are sanguine that the impetus given to dental education in Ontario will fully justify the wisdom of the university authorities in the "new departure" which they have just made.

### THE MEDICAL STUDENTS OF TORONTO.

A party of medical students were engaged a few weeks ago in a foolish escapade which was attended with somewhat serious results. One of the young men received a number of shot in his leg, in consequence of which he was confined to his house for a few days.

The reporters of our city papers, became rather hysterical, and cooked up some sensational reports in a style which was unjust to the vast body of students in the aggregate. We have no desire to discuss the question, which must be decided by the Courts, as to whether any one shall be allowed to fire at a crowd of boys who make unseemly noises in the streets.

Our chief wish is that the great mass of our medical students should be properly understood by the public. We know them to be, as a whole, an industrious, intelligent, and conscientious body of young men, although a large number are mere boys between the ages of 15 and 18. Considering these facts, it is exceedingly unfortunate that a few should bring disgrace on their companions by indulging in silly, childish pranks which are perfectly inexcusable.

In the meantime, would it be asking too much from the citizens of this great and prosperous city to show a little kindness and consideration, or even go further and exercise a little of that charity "which suffereth long and is kind," toward those young men, chiefly strangers, who have left their homes and most that is dear to them, and have paid Toronto the high

compliment of choosing it as the place where they shall prepare themselves for their life's work? We have been perfectly amazed at the venomous tone of a portion of the powerful press of Toronto, which has been cowardly and contemptible.

### DISINFECTION OF SURGICAL INSTRUMENTS.

There appears to be no doubt that moist heat is the simplest and most efficient agent at our disposal for the destruction of microbes and spores. Experiments in Germany, especially by Davidsohn, show that a moist heat of 212°F. will destroy all forms of bacteria and spores in five minutes.

We are told in the *Medical News* that the instruments to be sterilized should be kept in boiling water for at least five minutes in a closed vessel—that is, one with a fairly snug-fitting lid, so that the temperature of all portions within may be maintained at an even 212° throughout; otherwise the upper strata of water will be cooler than those lower down.

The whole process recommended is as follows: After operations all instruments are to be well washed in cold water, the hollow ones to be injected and left filled with water. They are then to be kept thoroughly submerged in boiling water five minutes in a closed vessel. Finally, they are to be dried with a sterilized towel, and put away in an aseptic place. Before being used again they should be similarly submerged in boiling water, and used direct from the same water when it has become sufficient cool.

### PYOSALPINX CURED BY ASPIRATION.

At the Glasgow meeting of the British Medical Association, Mr. Nicholson, of Hull, reported a case of double pyosalpinx cured by aspiration. When the patient was etherized, examination by the bi-manual method revealed a swelling in each of the broad ligaments. Aspiration removed four ounces of pus from the right tube, and three from the left. She made a steady convalescence, and in two months was declared cured. When the tubes are converted into

simple abscess cavities, the patient is in grave danger from the possibility of rupture and its consequences. If the condition can be cured by aspiration with safety, all would rejoice. Mr. Nicholson seems to think that his one case has settled the question, and very complaisantly concludes that "the result has proved that the less heroic treatment (as compared with opening the abdomen) was the better, and certainly the less dangerous." We regret that we cannot agree with this surgeon, as we think that puncture per vaginam in such cases has proved to be one of the most dangerous methods that can be adopted. In addition, the supposed cure is not always permanent; or, in other words, is no cure at all.

#### AXIS TRACTION FORCEPS.

All obstetricians are agreed as to the usefulness of the axis traction forceps, as devised by Tarnier, in the "high" operation. Simpson's modification of Tarnier's instrument is the one most commonly used in Great Britain and Canada. Stephenson, of Aberdeen, has made further modifications in a forceps closely resembling Simpson's, but having longer blades and a greater pelvic curve.

In a discussion on the subject at a recent meeting of the Obstetrical Society of Philadelphia, Dr. Goodell claimed priority in the axis traction device. He stated that many years ago, while working in a lying-in-hospital, his back so frequently gave out while pulling on the ordinary forceps, that he tried the following device: He sewed a stirrup to the end of a leather strap and wound the other end of the strap around the forceps handles near lock, and placed his foot in stirrup. He usually hung the strap so near the floor that his heel rested on the latter, and made the traction force with the toes or ball of foot. The patient lay on her back, with nates well over edge of bed. We think this beats anything we have thus far heard of in the axis traction line.

A woman aged thirty-six, living at Castagnola, near Lugano, was recently delivered of six fetuses at one birth.

#### NOTES.

The number of medical students at the University of Moscow is limited to 250, and in consequence a large number of men have had to go elsewhere.

*The Peoria Medical Monthly* says that Sir Morell Mackenzie as a diplomat is a grand success, but as an honest physician his methods are not above suspicion.

Prof. V. Esmarch has recovered from his attack of indigestion, said to have been caused by the too free use of water on his visit to the recent Congress at Washington.

The anæsthetist in a fatal case of chloroform narcosis at Sydney, has been found guilty and sentenced to pay £200, on the ground that the anæsthetic had been improperly administered.

The next meeting of the American Medical Association will be held in January, 1889, at Newport, R.I. This will be the 40th annual gathering of this Association, and the 250th anniversary of the settlement of Newport.

#### THE CHARGE OF THE MEDICAL STUDENTS.

Storm'd at with shot and shell,  
While many a student fell,  
They that had howl'd so well  
Came thro' the jaws of Death,  
Back from the mouth of Hell,  
All that was left of them,  
Left of six hundred.

NEW MEDICAL JOURNAL FOR THE MARITIME PROVINCES.—The practitioners of the Maritime Provinces are to have a journal of their own published in Halifax. The first number, dated November, 1888, presents a creditable appearance. It will be issued bi-monthly, under the name of "The Maritime Medical News." We wish it success.

PRIVATE HOSPITAL.—Dr. Roseburgh, of Hamilton, has had the courage to open up a private hospital of his own. He has had excellent rooms fitted up for ovariectomy cases, and



abdominal surgery, and Apostoli's electrolytic treatment for uterine fibroids. In connection with these, massage and electrical treatment for cases of nervous prostration will be practised.

728 is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription \$3 per annum. Payment is not asked till end of the year.

Prof. Chiari, of Prague, on the morbid anatomy of catarrh of the Fallopian tube. Out of a large series of autopsies—some 700—Chiari found nodules at the uterine end of the tube. The nodules varied in size from that of a pea to a bean, these were merely diseased portions of the tubal wall. Small cysts visible to the naked eye were to be detected in the nodules. In six cases these spaces contained a serous fluid, in one pus. Chronic catarrh of the tube and uterus was present in every case—Follicular salpingitis, is the term which Martin, of Berlin, used to designate a somewhat similar condition where the entire tube is involved.

SIR WILLIAM JENNER AND THE BRITISH MEDICAL ASSOCIATION.—The following cable-gram was received by the Press Association :

LONDON, Nov. 25.—Sir William Jenner has resigned from the British Medical Association. An influential committee has addressed a protest to the council of the association against the publication by the *British Medical Journal* of the late Emperor Frederick's note to Dr. Mackenzie. The protest of the committee denounces the publication of the document as a violation of professional confidence which will throw discredit upon the whole medical profession of the country.

FAREWELL BANQUET.—The farewell dinner to Dr. J. P. Brown by the medical men

of Galt was of a most pleasant and enjoyable character. About thirty-five sat down to the repast, including members of the sister professions and several medical gentlemen from a distance. Dr. Sylvester occupied the chair and Dr. Vardon the vice-chair. Addresses in response to toasts were delivered by Drs. Keefer, Lunday, Smith (Sheffield), Lockhart (Hespeler), Radford, Hawk, Thompson, Ziegler, Reid, and others. The toast of "Our Guest," was enthusiastically received, and Dr. Brown made a very feeling reply, referring at some length to the many pleasing associations which he had formed during his eighteen years' residence in Galt, and the regret which he felt at severing the many ties which bound him to the town and its people. Dr. Brown will shortly locate in Toronto, where he purposes entering upon special practice.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

The meeting of November 9th was devoted to the relation of cases in practice, in which Drs. Burns, Wilson, Spencer, Machell, McPhedran, McKenzie and Atherton took part. Dr. Foxton was elected to membership.

STATED MEETING, Nov. 13th, 1888.

President in the chair.

Dr. McMartin was elected to membership.

Dr. Reeve related a case of patient complaining of severe tinnitus. The patient thought he had an insect in his ear; sent for family physician, who blew in vapor of chloroform, then instilled warm oil, and afterwards used a syringe. Dr. Reeve examined the patient, and found a cockroach, which he removed in pieces; the tentacles were embedded in the membrane. In such cases the best plan is to kill the insect with as little injury to the ear as possible, and afterwards remove it.

Dr. Doolittle reported a case of

FRACTURE OF ANATOMICAL NECK OF HUMERUS in an old lady sixty-seven years of age. The fracture had the appearance at first of a dislocation, but a fracture was found three-fourths of an inch from the end of the bone.

Dr. Davidson reported a case where he had removed a pessary from a woman, which had been in situ for ten years. Excrescences had grown up, and embedded the pessary.

Dr. Miller then read a paper on

#### INFANTILE DIARRHOEA,

which occurs during the summer, and is caused by micro-organisms and ptomaines, as germs increase rapidly only when temperature is above 60° Fahrenheit. Children artificially fed are made subject to the disease, as their food contains germs. The difference in composition between mother's and cow's milk will not account for the milk not agreeing with the artificially fed children. Prophylaxis—Indication is to render food sterile. This is best accomplished by boiling half an hour. Feeding bottles must be thoroughly clean, have no rubber tubing; the atmosphere must be pure, and infant's person kept perfectly clean. Treatment—Calomel and ol. ricini. When stomach is very irritable, mustard blister to epigastrium; ice to suck; linseed meal poultices to abdomen; only barley water in small quantities. Antiseptics internally—Preparations of mercury, sodii salicyl., naphthallin, creosote, salol. Baruch recommends washing out the rectum and colon with warm, sterilized water. Cold baths are recommended when temperature is above 103° in rectum. Diet for first twenty-four or thirty-six hours—Barley water; then sterilized peptonized meat broths; and still later, when necessary, peptonized milk; stimulants must be given when indicated, and in sufficient quantities to overcome exhaustion.

Dr. Oldright asked for the experience of members with Jersey milk. He had exceptionally good results at first, then a change came, and the results varied. He used the morphia and atropia treatment, as the dose could be made so small that the child could not vomit it.

Dr. Wilson thought the only advantage in Jersey milk was that it contained more fat, and less casein, than ordinary milk.

Dr. Carveth mentioned having had good success with egg albumen and one cow's milk.

Dr. Acheson remarked that the casein of cow's milk curdles with a much firmer curd than

that of mother's milk; water will not dissolve it; barley or lime water are sufficient.

Dr. Spencer gave  $\frac{1}{2}$  gr. toasted ipecac. and rhubarb to a child one year old.

Dr. Wilson had used santorin and morphia.

Dr. Atherton had successfully used suppositories of opium instead of enemata.

#### STATED MEETING, Nov. 20th, 1888.

President in the chair.

Dr. Dobie was elected to membership.

Dr. Graham related the following case of

#### ATAXIC PARAPLEGIA.

E. T., aged twenty-six, married after birth of first child was troubled with headache from time to time at short intervals. Two months before second confinement it almost completely disappeared. Four months ago she noticed a pain in her back and limbs after exertion, gradually lost power in limbs of left side, pain in pelvis shooting down thighs, patellar tendon reflex increased, cannot stand steady or carry forefinger of left hand to nose with eyes closed, spastic gait, marked ankle clonus, numbness in upper extremity, double sight, left pupil does not respond to light as promptly as the right, ophthalmoscope shows atrophy of optic disc on left side and commencing atrophy on right. Treatment, direct galvanism.

Drs. Oldright, Wilson, Powell and others reported cases in practice.

Dr. N. A. Powell presented a specimen of

#### SERO-FIBRINOUS FLUID

removed by aspiration from the left pleural cavity of a lady 30 years old. The entire axillary and infra-axillary region was flat upon percussion while marked dulness extended up to the third rib in front. The upper limit of this dulness was a level line. After the removal of six ounces of fluid the curved line of dulness regarding which Peter, of Paris, Garland, of Boston, McPhedran, of Toronto, and other physicians have written, became well marked. As usual, this rose highest toward the axilla, reaching there a point three inches higher than it did near the spine. Only a small quantity of fluid was removed, the object being to reduce the intra-thoracic pressure and pro-



mote absorption. In the practice of one large hospital, not situated in Toronto, in nearly every case when aspiration was resorted to in the treatment of sub-acute pleurisy with effusion, empyema subsequently developed. After a time the plan of purchasing a new needle for each operation was adopted, and the series of cases of empyema came suddenly to an end. The speaker had not himself seen empyema follow thoracentesis. He was in the habit of sterilizing his aspirator needles by scrubbing them in hot water with green soap, boiling them in a *closely covered* vessel after each use and also before they were used again, and finally just as aspiration was about to be done, the needle selected was dipped into alcohol and flashed in the flame of a spirit-lamp. So treated they were reliably aseptic, inside as well as outside, would stand any gelatine culture test, and could be depended upon not to convey germs into or cause purulent decomposition in fluids contained within any of the serous cavities of the body.

#### GASTRIC ULCER WITH PERFORATION.

Dr. Alex. Davidson presented stomach showing ulceration and perforation, with following remarks: Mr. N., aged 40, mariner; had often suffered from severe attacks of pain in the region of stomach, which had induced a worn expression of the face. He was a spare, ill-nourished man, and a great lover of acid articles of diet, to wit, cider, pickles, and the like. On June 30th, he was taken with sudden and severe pain in the epigastric region, the abdominal muscles were intensely rigid, being of board-like hardness. Subsequently the abdominal muscles became relaxed; pain greatly abated. Abdomen now became distended somewhat, and coils of inflated intestine could be mapped out on its surface. Liver dulness could be obtained, but high up and diminished. Patient vomited, also passed, per rectum, large quantities of greenish-colored fluid. In the vomit were found pieces of broken cherry stones and undigested potato. Death took place July 5th. Autopsy showed distension due solely to distended intestines. Perforation of stomach found at its upper and anterior surface, near pylorus. The stomach at seat of perfora-

tion was united to the structures above by inflammatory lymph, evidently an effort of nature to heal the rent in the stomach. On endeavoring to break down these bands of lymph, the finger passed into the perforation. After tying both ends of the stomach and removing it, several broken and whole cherry-stones, together with some grape seeds, were found in the back of the abdominal cavity, as it were behind the stomach.

Dr. W. H. B. Aikins presented specimens showing

#### EXTENSIVE CANCEROUS GROWTH

of the œsophagus, with secondary encephaloid deposit involving a portion of the edge of the right lobe of the liver. The notes of the case were furnished him by Dr. McDonagh. J. K., aged 53, by occupation a carpenter. In the family history there was no constitutional trouble. He first noticed a difficulty in swallowing about six months before entering the hospital. During the next four months this difficulty became gradually more and more marked, until he was then able to swallow solids only in the smallest possible quantities. The point of obstruction seemed to him to be just at or below the larynx. He complained of a good deal of cough, and excess of bronchial mucous, but no pain. He also had become considerably emaciated, but attributed this largely to not having had sufficient nourishment. The symptoms became more aggravated during the next two months, when hoarseness set in, and the cough was increased. He entered the hospital about August 1st, 1888. An examination with the laryngoscope proved complete paralysis of the left vocal cord, which was in the cadaveric position. This was thought to be due to pressure on the left recurrent laryngeal nerve. A bulbous œsophageal bougie (Size No. 7) was passed, and detected an obstruction just below the cricoid cartilage of about one-half inch in extent, and another larger obstruction about five or six inches farther down. Dysphagia was less for a few days after this, but gradually returned. The bougie was again passed about three weeks later, and on its withdrawal about a wine-glassful of bloody purulent matter was regurgitated.

This same result followed the third introduction of the bougie. Auscultation over the back proved nothing definite beyond a gurgling sound during the act of swallowing fluids, and also some crepitation. Emaciation was not so extreme, and he was able to swallow fluids and semi-fluids to the end. There was no treatment other than tonics. He died rather suddenly, about two months after entering the hospital, and about eight months after the first symptoms were observed.

R. CUTHBERTSON, M.D., *Sec.*

At the meeting held Nov. 27th, Dr. McPhedran read a paper. See page 380.

The paper read by Dr. Johnson at the same meeting will appear in the next number of the PRACTITIONER.

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### Correspondence.

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To the Editors of THE CANADIAN PRACTITIONER.

In your November number there is an editorial article on "Didactic Lectures" on which I would like to make a few observations. With the credit given to our Medical Council and our Medical Colleges, in bringing the medical examinations up to their present high standard, and making them very practical, and in much else your article contains, I entirely agree. It is to your suggestion to reduce the "didactic teaching" required by the Council, that I take exception. It is *well, very well indeed*, that the *clinical* teaching has of late been extended, but it would be a retrograde step, to reduce either the number of courses of lectures now required, or the number required to constitute a full course, at least in any of the principal branches. As none but third and fourth year students do hospital clinical work, I speak only of the final lectures, which they have to attend. Taking the final branches (1) medicine, (2) surgery, (3) midwifery and diseases of women and children, two courses of 100 lectures each are now demanded. Be it remembered, that in both the courses on any one of the three subjects named, all that the very best teacher can do is, to go over the whole of the branch thoroughly *once*, and to go *twice* over those subjects which are most practical, and which every student requires to be

well grounded in, not only before he can be a good practitioner, but before he is capable of studying his clinical work in the hospital to any advantage. For example, a student who does not thoroughly understand all about pneumonia, or pleurisy, or phthisis, *before* he stands at the bedside to study any of these diseases *clinically*, is not, as a matter of fact, in a position to *take in* his clinical instruction, *i.e.*, provided the clinical teacher confines himself to strictly clinical work. And where can he get this needed knowledge, without which, bedside instruction will be comparatively valueless, so well as from a competent, earnest, enthusiastic teacher, who goes over as impressively as possible every important disease? Some say, a student can read this in books—so he can, but *hearing* diseases gone over by a teacher who rivets the attention of his class (and if a lecturer cannot do this, he is the *right* man in the *wrong* place), will create a far deeper and more lasting impression on the memory than can be made by merely reading them over. I am far from disparaging reading, on any, and on every subject, but I maintain without fear of successful contradiction, after an experience as a medical teacher of more than thirty years, that *hearing* a disease gone over at least twice by a *good* professor, enables a student to read it up for himself, and to benefit afterwards by clinical instruction in a way that he could not do had he not been thus prepared.

There are only the three principal final branches named, upon each of which third and fourth years' students are expected to attend *five* lectures per week, *i.e.*, three hours a day for five days. Surely three hours cannot possibly be better spent, and there is abundant time over and above these *three* hours, for all the clinical work a student can get to do, and I freely admit that the more there is of this work the better. You and I are not far apart. You say, "keep up, and even extend the clinical work." I say so, too, with all my heart, but I also say, *on no account lessen the didactic teaching on any one of the principal branches, because it is self-evident that two full courses, as at present required on any one of them, is not at all too many.*

WALTER B. GEIKIE.

TORONTO, November 1888.



## THE SANITATION OF RAILWAY STATIONS.

To the Editors of THE CANADIAN PRACTITIONER.

We hear and read a great deal nowadays of sanitation. Sanitary science has been raised to a high rank, and rightly so. Water is analyzed, milk is tested, houses are inspected, hospitals are visited—the whole community is under the eye of the “inspector” or “officer.” But, strange to say, there is one class of buildings which one never hears mentioned in connection with sanitary measures—railway stations; and of all buildings, surely the railway station requires sanitary measures. All sorts and conditions of men, women and children congregate in it; travellers from no one knows what disease-infected localities pass through it; immigrants who, perhaps, for weeks have had no opportunity to attend to matters of personal cleanliness, spend hours in it; it is visited at every hour of the day and night by persons who come either to travel, or to meet or bid farewell to those about to travel; it is an admitted haunt of a low class; trunks and boxes, containing very probably all sorts of bacteria, lie littered about; human excreta infect it; corpses remain for hours awaiting removal—all these things must load the atmosphere with morbid elements. And this atmosphere is breathed by sickly infants and decrepit adults, by weakly persons predisposed to disease—by all who are under the necessity of visiting the station.

There are no places in the city which require greater care in the matter of cleanliness and disinfection, and yet there are probably no places in the city less considered in this respect. Accumulation of dirt is itself dangerous, for accumulated dirt forms a common *habitat* for dangerous germs, and accumulated dirt there always is in abundance at railway stations.

We beg leave to call the attention of the Health Committee of the Toronto City Council to this matter.

ARNOLD HAUTLTAIN.

Dr. William T. Lusk has been elected President of the New York State Medical Association.

## Book Notices.

*Chronic Rheumatic Laryngitis.* By E. FLETCHER INGALS, A.M., M.D. (Reprint.)

*Report on Hydrophobia.* By CHAS. W. DULLES, M.D., of Philadelphia. (Reprint.)

*American Public Health Association, 1888.* Sixteenth Annual Meeting, Milwaukee, Wis.

*Double Ovariectomy during Pregnancy: Subsequent delivery at term.* By WM. WARREN POTTER, M.D., Buffalo, N.Y. (Reprint.)

*The Failure of Dr. J. B. Thomas' Treatment of Urethral Stricture by Electrolysis.* By ROBERT NEWMAN, M.D., of New York. (Reprint.)

*Treatise on the Diseases of Women for the use of students and practitioners.* By ALEXANDER J. C. SKENE, M.D. New York: D. Appleton & Co., 1888.

*The Fatal Illness of Frederick the Noble.* By SIR MORELL MACKENZIE. London: Sampson Low, Marston, Searle, and Rivington (Limited), Fetter Lane, Fleet Street, E.C., 1888; Toronto: W. J. Gage & Co.

*The Preferable Climate for Phthisis or the comparative importance of different Climatic Attributes in the Arrest of Chronic Pulmonary Diseases.* By CHARLES DENISON, A.M., M.D. (Reprint.)

*How far can Legislation Aid in Maintaining a proper Standard of Medical Education.* By W. A. PURRINGTON, Council of the Medical Society, New York. Boston: Press of Geo. H. Ellis, 1888.

*Report of the Sanitary State of the City of Montreal; also an Account of the Operations of the Board of Health and the Vital Statistics for the Year 1887.* By DR. LOUIS LABERGE, Medical Health Office, Montreal, 1888.

*A Text-Book of Human Physiology.* By AUSTIN FLINT, M.D., LL.D., Professor of Physiology in Bellevue Hospital Medical College, New York, etc., etc. Fourth edition. Entirely rewritten. New York: D. Appleton & Co., 1888.

*The Physicians' Visiting List for 1889.* LINDSAY & BLAKISTON'S. Thirty-eighth year of publication. Philadelphia: P. Blakiston, Son & Co.

A most convenient and pocketable visiting list, and second to none in its general plan and arrangement.

#### *Physicians' Registers.*

Those physicians who have been using one or the other of Bernd's Registers, speak of them in the highest terms, as being the best adapted for their purposes of any work with which they have ever met. A work that will enable a physician to so enter all debit and credit accounts in such a manner—very simple—as to allow him to state the indebtedness of a patron at a glance, will save many times its price every year, and prove a valuable acquisition to the office of every physician. See their advertisement.

*The "Medical Record" Visiting List, or Physician's Diary for 1889.* New York: Wm. Wood & Co., Medical Publishers. Toronto: J. E. Bryant & Co., 64 Bay Street.

Contents—The Metric System, Thermometric Scales, Table of Signs, Almanac, Table for Estimating the probable duration of Pregnancy, Approximate Equivalents of Small Weights, Doses of drugs used for subcutaneous injection, Doses of common and rare drugs, Drugs suited for atomization, Inhalation, Disinfectants, The urine, color, amount, odor and chemical analysis; Poisons and their Antidotes, Emergencies, Facts, Antiseptic Solutions, Treatment of Asphyxia from various cause, etc., etc. Adapted for sixty patients a week, beautifully bound; a gem visiting list capable of irresistibly impressing the most fastidious.

*The "Medical News" Visiting List, 1889.* Philadelphia: Lea Brothers & Co., 1888; Toronto: J. E. Bryant & Co., 64 Bay Street.

Contents: Preface, How to keep Accounts, Table to find day of Confinement, Signs of Pregnancy, Signs of Dentition, Weights and Measures, Comparative Scales, Examination of Urine, Disinfectants, Table of the Eruptive Fevers, Some Remedies not yet in general use, Incompatibles, The Heart Sounds, Artificial

Respiration, Poisons and Antidotes, Table of Doses, Therapeutic Tables, Ligature of Arteries, etc., etc.

Finely bound in red morocco. It affords the profession a choice of three styles, the weekly, perpetual, or monthly editions. It adapts itself to all systems of conducting professional business.

*The Physician's Pocket Day-Book.* Designed by C. HENRI LEONARD, M.A., M.D. Size,  $7\frac{1}{2}$  inches long,  $3\frac{1}{2}$  inches wide and  $\frac{3}{8}$  of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price \$1.00 postpaid. The Illustrated Medical Journal Co., Publishers, Detroit, 1888.

This is the tenth year of issue of this exceedingly popular day-book, which contains several new features. Besides accommodating daily charges for thirteen months for fifty families, and the other usual memorandum pages, it has a very complete list of Doses of Old and New Drugs; Poisons and Their Antidotes; Tried Tests for Urinary Deposits, Chemical and Microscopical; Obstetric Calendar; Disinfectants for the Sick Room and Vaults; Tables of Weights and Measures; Table of Eruptive Fevers, and Drops in a drachm of fluid medicines.

*Hand-book of Historical and Geographical Phthisiology.* Compiled and arranged by GEORGE A. EVANS, M.D. New York: D. Appleton & Co., 1888.

This is a book of some 300 pages, giving in a convenient form for reference a vast number of facts regarding the history of the development of our knowledge of pulmonary consumption, together with a study of the geographical distribution of this disease in the United States and in other countries.

Dr. Evans disowns criticism at the outset, by frankly stating that his treatise is made up to a great extent from the observations of others. He has in this volume brought within our reach knowledge not elsewhere to be reached by the general profession, and in view of this, deserves to receive credit equally with those who record the results of original observations.

"The white plague of the North," as Dr. Holmes once called consumption, is certain to fall, and to fall frequently, under the notice of



every practising physician. Its manifestations outside the thorax are equally familiar to the surgeon. To both the data contained in the book before us and the conclusions which from their study the author has reached, cannot fail to be of interest. We do not hesitate to say that a careful reading of the work before us would enable anyone in practice to give more helpful advice to his phthisical patients regarding the selection of a place of residence calculated to prolong life and lessen discomfort or suffering. The work is well printed in good type on clear paper.

*A Manual of General Pathology, designed as an introduction to the Practice of Medicine.* By DR. J. F. PAYNE, of St. Thomas's Hospital, London. Lea Bros. & Co., of Philadelphia.

The features in this book which seem to call for special notice are, first, that pathological histology has been accorded its proper place; and secondly, an attempt has been made to do justice to the increased importance attached to etiology. With regard to experimental pathology and the highly specialized science of bacteriology, the author has drawn, as far as possible, upon original memoirs. Chapter II. deals with plethora, anæmia and spanæmia; III., IV., V., local disturbances of circulation, including neuro-paralytic hyperæmia and neurotonic hyperæmia, venus hyperæmia, œdema and dropsy; VI. treats of hemorrhage, with plates of hæmatoidin and hæmin crystals; VII. deals with thrombosis and embolism; IX., X., inflammation; XI., fever. In following chapters, degenerations, hypertrophies and tumors receive attention. The second part of the work, which is especially interesting, is devoted to the cause of diseases, injuries, poisons, ferments, septic and cadaveric poisons, specific morbid poisons, acute specific fevers, specific inflammation, specific poisons conveyed by pus, infective diseases forming granulative tumors, miasmatic diseases, parasites in general, animal and vegetable, parasites schizomycetes, and a special description of the pathogenic bacteria. The author, in speaking of the relation of tubercle bacillus to the tissues, refers to the well-known observation of Baumgarten, who considered that the bacilli were spread throughout the tissues by means of

leucocytes, while he holds that they pass along the ordinary lymph spaces and channels, and agrees with the German observers in concluding that the bacillus is the cause of tubercle. It would be well to have Dr. Payne's Manual of General Pathology placed on the list of textbooks to be used in our medical colleges.

*A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science.* By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VI. New York; Wm. Wood & Co., 56 & 58 Lafayette Place, 1888.

This volume is quite up to the exceedingly high standard attained by those preceding it—commencing with Prairie itch, it concludes with a description of the well known health resort Teplitz-Schönau. The numerous illustrations are carefully executed and pleasingly accurate. The section devoted to the pulse and sphygmograph, by Baumgarten, is extremely interesting, as is also the section on rabies. Sedgwick clearly deals with reflex actions, and Councilman contributes a concise article on rhinoscleroma. The schizomycetes are carefully handled by Meade Bolton; and pyæmia and septicæmia by Stephen Smith. Sewerage is dealt with in a masterly manner by our own enthusiastic Oldright. Allen Starr graphically presents the spinal cord. Its lesions are discussed by Allan McLane Hamilton, Zenner, Baker, Dana, Archimard, Andrews and Putzel. The chromo-lithographs of the *crotalus adamanteus* and the *heloderma suspectum* are, so far as we are able to judge, true to life. Syphilis is comprehensively treated in an able article by James Nevins Hyde, as previously mentioned, Toronto is represented in this volume by Drs. Graham, Oldright and Bryce, and Montreal by Drs. Stewart, Buller and Roddick.

*Manual of Obstetrics, Gynecology, and Pediatrics.* By KENNETH N. FENWICK, M.A., M.D., M.R.C.S. Eng., Professor of Obstetrics and Diseases of Women and Children, Royal College of Physicians and Surgeons, Kingston; Surgeon to the Kingston General Hospital. Kingston, Ontario: John Henderson & Co. For a book of the kind this Manual of Dr.

Fenwick's is all that could be desired. The general plan is excellent, and a great deal of information is given within a small compass. The work will be found useful for cramming purposes, especially for those who have to undergo a purely written examination. If a student has read carefully, and digested thoroughly one of our excellent text-books on midwifery now available, this work will be convenient for "brushing up" at the completion of his course. A better plan, however, for the student, is to make his own synopsis, and use it for review when required. It is well for the lazy student, who likes such *multum in parvos*, to remember that even from his narrow standpoint of success at his examinations, it is dangerous to trust alone to such a weak reed as a syllabus on obstetrics. And yet this is the tendency among a certain proportion, and for that reason we repeat that such works as this one published on a subject like midwifery, where it is of such paramount importance that a practitioner should have a very clear and comprehensive knowledge of the treatment of labor and the various serious emergencies which may arise, together with an intelligent conception of the whys and wherefores.

*Brown's Medical Diagnosis.* A Manual of Clinical Methods. By J. GRAHAM BROWN, M.D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Society of Edinburgh. Second edition, illustrated.

This work is the embodiment of the thorough and conscientious labors of Dr. Brown of Edinburgh, who has won a just celebrity in his department of medicine. Its contents are summarized as follows: Chapter I. The General Aspect: Condition and Circumstances of a Patient—Preliminary Inquiries. II. Alimentary System: Objective—Subjective—Excretory Phenomena. III. Examination of the Abdomen: Its Palpitation and Percussion. IV. Hæmopoietic System: Lymphatic Vessels and Glands—Examination of the Blood. V. Circulatory System: Subjective Phenomena—Palpitation—Percussion—Auscultation of the Heart—Examination of the Arteries, Capillaries, and Veins. VI. Respiratory System: Subjective

Phenomena—Examination of Nares and Larynx. Palpation—Percussion of the Chest—Auscultation—Respiration. VII. Integumentary System: Subjective and Objective Symptoms—Eruptions. VIII. Urinary System: Subjective Symptoms—Normal Constituents of Urine—Abnormal Constituents of Urine—Urinary Sediments. IX. Reproductive System: The Female Reproductive Organs and Functions—Physical Examination. X. Nervous System: Sensory—Motor—Trophic—Cerebral and Mental Functions—Condition of Cranium and Spine. XI. Locomotory System: Bones—Joints—Muscles.

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### Personal.

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Dr. Hunt has located at 321 Spadina Avenue.

Prof. Heinrich V. Bambridge, of Vienna, is dead.

Dr. Gordon is now in practice at 513 Spadina Avenue.

Dr. Parker has opened an office at 221 Queen Street East.

Dr. James Rea has removed from Pickering to 189 Dovercourt Road, Toronto.

Dr. W. T. Gairdner is the President for the new Sydenham Society for the current year.

Dr. T. McKenzie has been appointed a member of the active staff of the Home for Incurables.

Dr. G. Silverthorne has been appointed resident physician to the Home for Incurables, Toronto.

Dr. John B. Hamilton has been appointed editor of the *Journal of the American Medical Association*.

Dr. John Valentine, of this city, was arrested on the 24th November, on a charge of criminal malpractice.

Mr. Joseph Bell, F.R.S., has been unanimously re-elected to the Presidency of the Royal College of Surgeons of Edinburgh.

Drs. W. P. Caven and Primrose have been appointed assistant demonstrators of anatomy, Medical Faculty, Toronto University.



Dr. Henry Berton Sands, of New York, died suddenly, on Sunday, the 18th of November, at the age of fifty-six, from sudden heart failure.

Dr. Joseph O. Dwyer, the originator of intubation of the larynx, has been appointed Professor of Diseases of Children in the N. Y. Post Graduate Medical School and Hospital.

The following Canadians were recently granted certificates to practise medicine in California: Dr. Henry Arnott (Toronto University, 1870), Los Angeles; and Dr. Chas. Larkin McCracken (Toronto University, 1881), Oakland.

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### Miscellaneous.

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In making vaginal examinations, soap is the best lubricant for the finger. It is cleaner and more slippery than oil or vaseline, and more easily removed from the hand, which is soon needed for something else—besides being more agreeable for the patient.—*Annals of Gynecology*.

SAM JONES ON "FAITH CURE" AND "CHRISTIAN SCIENCE."—"I'll tell you where this faith cure comes in. There's an old brother and sister who have been taking all the nasty, quack patent medicines on the market for the last ten years. Somebody comes along and prays over 'em, and they quit using the patent medicines, and they are well again. They say it was faith that cured. It was faith. It was faith which caused them to quit taking old patent nostrums, which cured them. I don't say I belong to the Christian Science crowd, or anything of that sort; but I thank God that by the side of my sick wife I may kneel down and pray that the remedies given by the physician may prove effective. I don't pray over the supernatural. I pray over the pill.—*N. Y. Medical Record*.

Messrs. Longmans, of London, announce the publication this month of a new novel, by Dr. B. W. Richardson. The work, which is of a classical and historical character, is based on

those events of the second century in which the Jews, long oppressed by the Roman yoke, tried to regain their liberty and their country under the leadership of a fighting Messiah called by them Bar-Cochbas, "The Son of a Star," from which the novel takes its name.—*Ex.*

Acts of heroism in medical life are so frequent and appear to be so natural a part of it, that they are not chronicled as often as they should be. One such deed, however, recently found its way into the *British Medical Journal*, where it is mentioned as an illustration of the self-sacrifice of medical men in behalf of suffering humanity. It is the case of a surgeon in the British army named Landon. Mortally wounded himself, and with the grasp of death rapidly closing down on him, he heard a wounded soldier crying out from the sharp pain of his hurt. Forgeful of self, he crept with difficulty to where the man lay and gave him a hypodermatic injection of morphia to lessen his suffering, and having given it, lay down and died by the side of the soldier.—*Medical News*.

A NEW USE FOR ETHER DURING ANÆSTHESIA.—Very frequently during the early stages of the administration of an anæsthetic, the patient "forgets to breathe" even before the ability to perceive peripheral irritation is lost. Even later in anæsthesia, when the breathing suddenly ceases, we are accustomed to use cold water externally and to slap the patient with wet towels.

Such measures are generally called for hurriedly, and it is not at all uncommon for an exasperating delay to occur before the water arrives. The ether is always at hand, however, and I have found that in a large number of instances, both in man and in the lower animals, the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements. This is, of course, a simple procedure, and one which has probably been used by others, but I have never seen it so employed.—*H. A. Hare, M.D., in Maryland Medical Journal*.

**COCAINE IN TONSILLITIS.**—By DeHaviland Hall, M.D. (London). Dr. Hall quotes several cases of acute parenchymatous tonsillitis to show the value of local painting with a 20% solution of cocaine which relieves dysphagia promptly, and seems to diminish the tendency to suppuration. It is not wise to use the solution in the form of a spray, on account of occasional alarming syncopal attacks, but it is well to spray the throat with a solution of bicarbonate of sodium (10 grains to the ounce) before applying the cocaine, as the latter appears to act more efficaciously in presence of an alkali. Cocaine is not useful in the follicular form of tonsillitis.—(*Lancet*)—*Annals of Surgery*.

**THE LATE DR. AGNEW'S CHARITIES.**—In his eloquent eulogy on Dr. Agnew, Dr. Thomas spoke of his constant generosity to the poor and to all kinds of charitable enterprises. He adds: "After thirty years of brilliant professional success, of uninterrupted health, of industry, of frugality, beyond making simple provision for the needs of those immediately dependent upon his labors, he died comparatively poor in this world's goods. Is the reason far to seek? In revealing this I violate no confidence, for this is the climax of his fame, the cap-sheaf of his career, the crowning glory of his life, to which his children point with pride! Had it been otherwise, a want of symmetry would have disturbed the perfect rotundity of his career. As it is, the fair proportions of a beautiful record are left free from blemish and without spot. His income was immense, and he steadily invested it; some will say wisely; for he put it out of reach of moth, of rust, and of thieves.—*N. Y. Med. Record*.

**DUTY ON DEAD BODIES.**—The proposed reform of the burial laws in France not having yet been carried into effect, cremation is still illegal in that country. Under these circumstances, bodies which it is desired to cremate have to be taken to Italy for the purpose. The Italian Custom House appears to have discovered in this necessity a source of revenue which it was advisable to make the most of while it lasted. The *post-mortem* adventures of a M. Morin, who died recently in Paris, may

be of interest to members of the Cremation Society. He had left instructions in his will that his body should be conveyed by two of his friends to Milan, where it was to be cremated. This was done on July 18th, the incineration being accomplished in an hour and a half, and costing between fifteen and sixteen shillings. The Italian Custom House, however, levied fourteen pounds import duty on the body when it entered the country, and the same amount as export duty on the ashes as they were carried back to France. This, says the *Progrès Médical*, is their way of encouraging cremation.—*British Medical Journal*.

## Births, Marriages, and Deaths.

*Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.*

### BIRTHS.

**CLAXTON**—In Verona, Oct. 27th, the wife of W. C. Claxton, M.D., of a son.

**REA**—At 189 Dovercourt Road, Toronto, on November 14th, Ethel Isabella, aged 9 months, twin daughter of Dr. and Mrs. Rea, late of Pickering.

### MARRIAGES.

**BRAY—TREEMER**—At Zion, West Durham, on November 21, Dr. James Bray, Toronto, to Mary S., youngest daughter of John Treemer, Esq., of Staunton.

**BROMLEY—ELVIDGE**—At Toronto, on Wednesday, November 21st, Dr. E. Bromley, B.A., to Miss Elvidge, Beeton, Ont.

**FOX—SHIELDS**—At Mono Road, Ont., Wm. H. Fox, M.D., to Miss Lizzie H. Shields.

**MONTGOMERY—SARGENT**—At San Francisco, Thursday, November 1st, Douglas W. Montgomery, M.D., to Miss Ellen Sargent.

**YOUNG—JENNINGS**—On November 28th, 1888, at the residence of the bride's father, 145 College Avenue, Toronto, by Rev. D. G. Sutherland, M.A., LL.B., of Elm Street Methodist Church, W. A. Young, M.D., to Annie Marguerite, only daughter of James Jennings, Esq.

### DEATHS.

**BENTLEY**—November 16th, at Lugonia, Cal., Frank Bentley, M.D., aged 36 years.

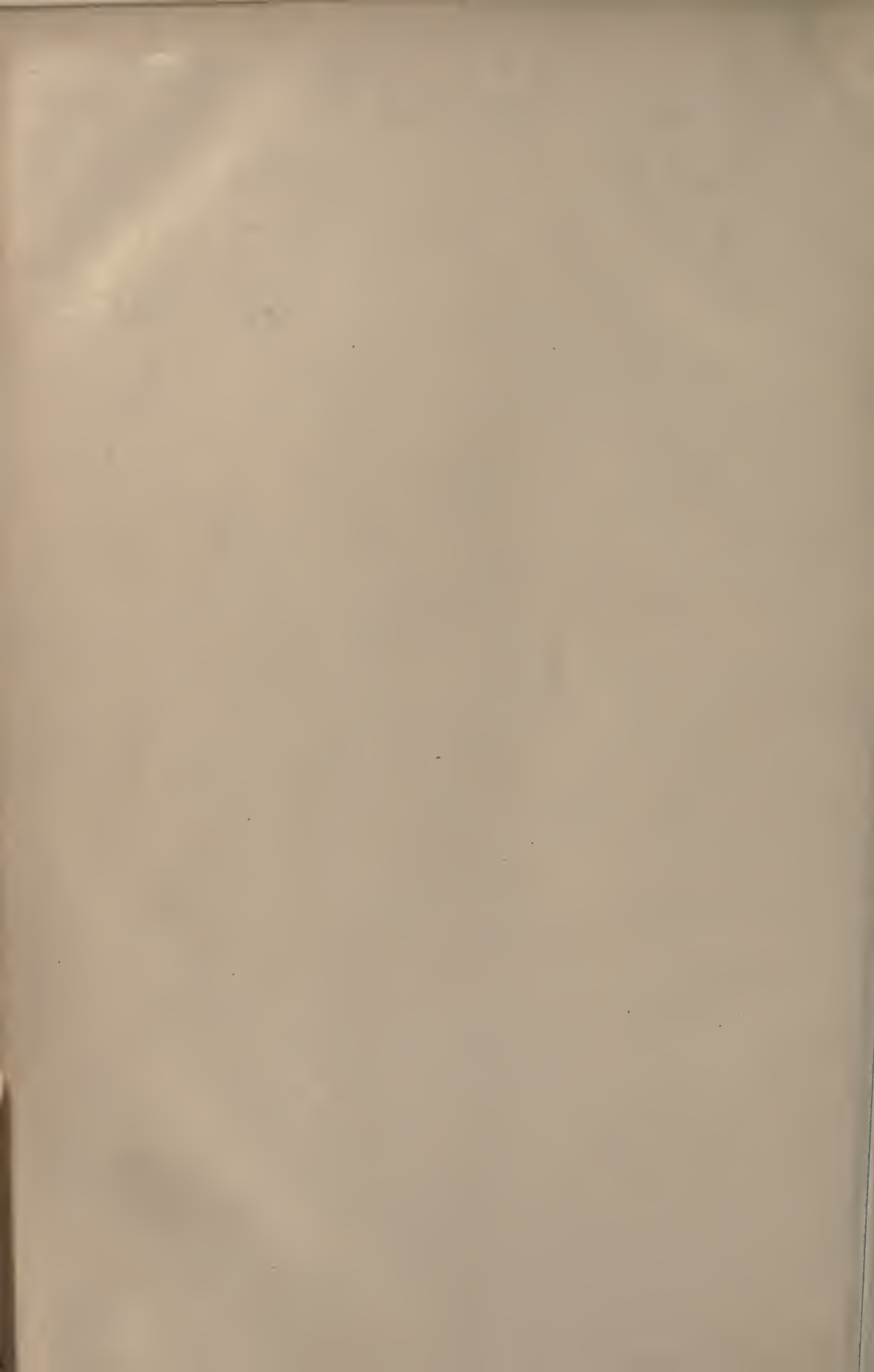




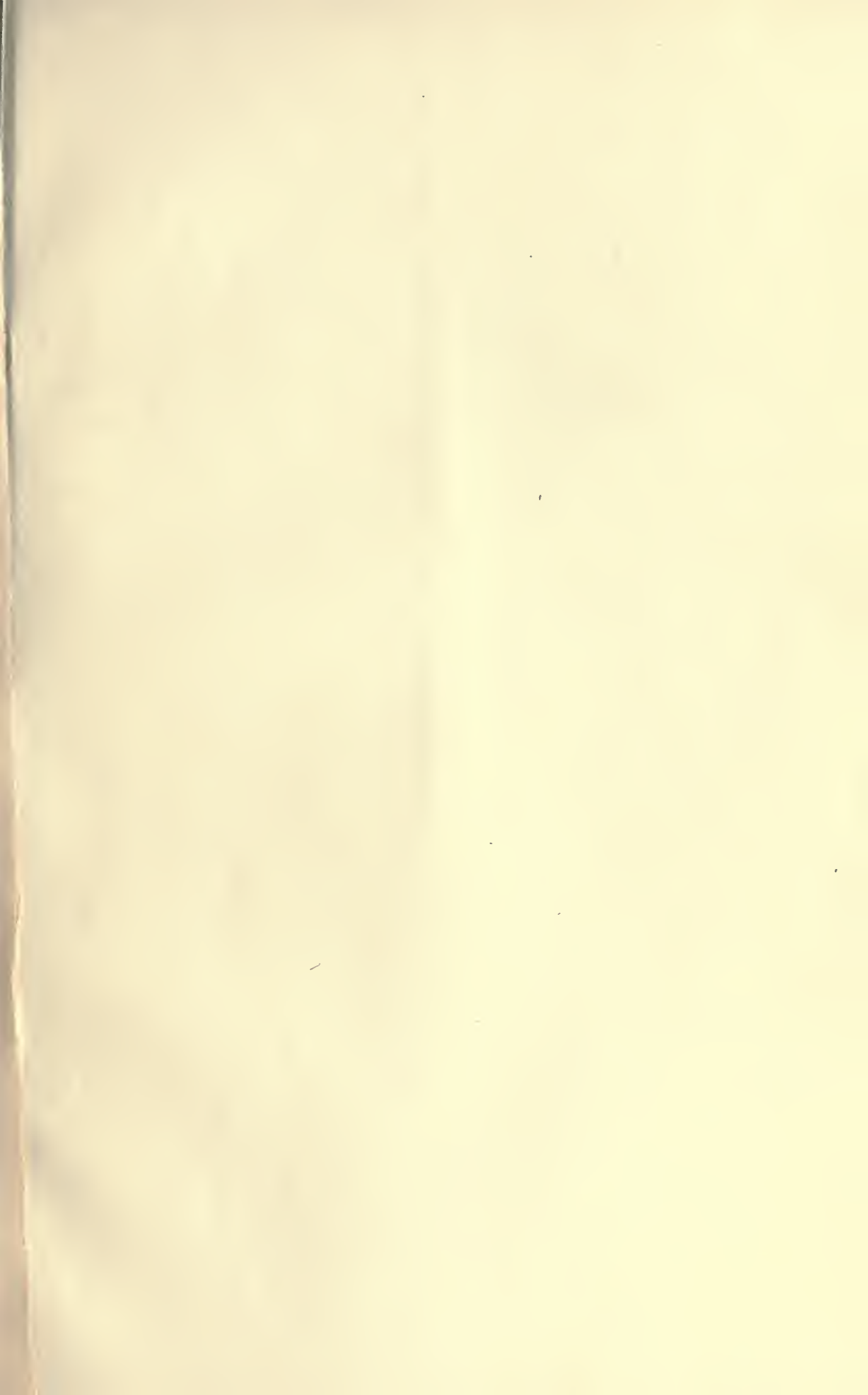






















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